

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12263

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Frederick  
 City or town Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 hrs  
 Hospital, institution, or street address where death occurred:  
Scheffer Hospital  
 How long in hospital or institution? 4 hrs

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick Co.  
 City or town Burkittsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Paul Jeannette Anders

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced \_\_\_\_\_  
 6.(b) Name of husband or wife \_\_\_\_\_  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Nov 6 1943  
 8. AGE: Years \_\_\_\_\_ Months 1 Days 5 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Brunswick Md  
 (Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Paul Anders13. Birthplace Md14. Maiden name Mary O Thompson15. Birthplace N.C.16. Informant Paul AndersAddress Burkittsville, Md.17. Burial Date thereof Dec 12 - 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran CemeteryLocation Jefferson Md.18. Funeral director Christie D. BrownAddress Brunswick Md19. Dec. 12 19 45 Emma Martin

(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 19 45 at 2:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 19 45 to Dec 11 19 45and that I last saw her alive on Dec 11 19 45

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Polio Pneumonia PDue to died one hour after

being seen by M.D.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frederick Schaeffer M.D. M. D. or otherAddress Brunswick, Md. Date signed Dec 12 - 45

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DEC 14 1945  
BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-2

## CERTIFICATE OF DEATH

12264

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick

City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
Frederick City Hospital

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County York

City or town York - Rural R. F. D. #7  
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near York  
(If rural, give LOCATION)

2. (a) If veteran, name war None ✓

### 3. (a) FULL NAME

BABY ATKINS

### 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
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8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 18, 1945  
8. (c) If alive, give age \_\_\_\_\_ years

8. AGE:	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If less than one day <u>13</u> hrs. _____ min.
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9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Howard William Atkins

13. Birthplace Vinneces, Indiana

14. Maiden name Mary Arlene Cunningham

15. Birthplace York County Pennsylvania

16. Informant Mrs. Mary Atkins

Address R.F.D.#7, York, Pennsylvania

17. Burial Date thereof 12/19/45  
(Burial, cremation, or removal - Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 19 Dec 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 18, 1945 at 3:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 18 1945 to Dec 18 1945

and that I last saw him alive on Dec 18 1945

Immediate cause of death premature birth  
7 month

Due to Pleasant pre-eclampsia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE B. H. H. H. H. H. M. D.

Address Frederick, Maryland Date signed 12-19-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEC 21 1945

BUREAU V.S.



Reg. Diat. No. 13

Address 540 2nd St. Frederick M. D. or other Frederick Date signed 12/24/44

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
JAN 2 1946  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12266

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FredrickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)Street No. Church St.  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Rebecca Catherine Barthlow

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Frank E. Barthlow7. Birth date of deceased (mo., day, yr.) August 19, 1864

6. (c) If alive, give age ..... years

8. AGE: Years 81 Months 4 Days 10 If less than one day ..... hrs. .... min.9. Birthplace Lewistown, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Retired11. Industry or business Housewife12. Name Albert O. Powell13. Birthplace Lewistown, Md.14. Maiden name Lucina H. Shaffer15. Birthplace Lewistown, Md.16. Informant Mrs. George FleagleAddress Thurmont, Md.17. Buried Date thereof Jan. 2, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blue Ridge CemeteryLocation Thurmont, Md.18. Funeral director M. P. HughesAddress Thurmont, Md.19. Dec. 31 19 45 Blanche S. Eyer

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 19 45, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 26 19 45, to Dec. 29 19 45and that I last saw him alive on Dec. 29 19 45

Immediate cause of death

DURATION

Ornithopneumonia 2 daysDue to Influenza 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Gray M.D.Address Thurmont, Md. M. D. or otherDate signed 12/30/45

RECEIVED  
JAN 2 1946  
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Doubs  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Doubs  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)2 (a) If veteran, name war None

## 3. (a) FULL NAME

MARY MARGARET BASFORD

## 3. (b) Social Security Number

None

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife William E. Basford7. Birth date of deceased (mo., day, yr.) December 7, 18896. (c) If alive, give age 72 years8. AGE: Years 56 Months 0 Days 4 If less than one day  
..... hrs. .... min.9. Birthplace Johnsville-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name C. Edward Saylor13. Birthplace Frederick County Maryland14. Maiden name Elizabeth Anders15. Birthplace Frederick County Maryland16. Informant Mr. William E. BasfordAddress Doubs, Maryland17. Burial Date thereof 12/13/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11-Dec 45 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1945 at 12:50 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec. 10 1945 to Dec. 11 1945  
and that I last saw him alive on Dec. 11 1945Immediate cause of death Coronary Thrombosis DURATION 2 hoursDue to Arterio-sclerosis 5 y (3)

Due to .....

Other conditions Upper respiratory infection 2 weeks

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

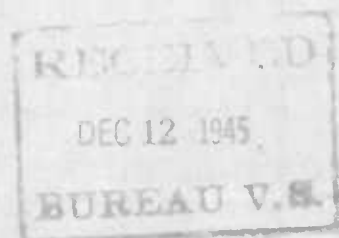
Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE B. C. Thomas Jr. M. D.Address Frederick, Maryland M. D. or other 12-11-45  
Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

12268

Reg. Dist. No. 135

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural (Myersville Md.)  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 54 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Rural - Myersville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Ellerton  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Martha M. Bittle

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Thomas Bittle

## 7. Birth date of deceased (mo., day, yr.)

May 11, 18726. (c) If alive, give age 73 years

## 8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>3</u>	hrs. min.

## 9. Birthplace

Ellerton Frederick Co. Md  
(Town, county, and state)

## 10. Usual occupation

Housewife

## 11. Industry or business

Own Home

## 12. Name

Ludwig Bittle

## 13. Birthplace

Maryland

## 14. Maiden name

Mary Catherine Bittle

## 15. Birthplace

Maryland

## 16. Informant

Paul J. Bittle

## Address

Myersville, Md

## 17. Burial

St. Paul's Lutheran

## Location

Myersville, Md

## 18. Funeral director

M. R. Etchison & Son

## Address

Frederick, Md19. Dec. 17 1945

(Date rec'd by registrar)

Charles L. Leatherman

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1945 at 12:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1945 to Nov 1945and that I last saw him alive on Nov 1 1945Immediate cause of death Heart attack

## DURATION

few secondsDue to Possibly dramatic cardiac vascular condition(I did not see patient until a few minutes after death)

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. V. Etchison M.D.

M. D. or other

Address Myersville MdDate signed Dec. 15 45



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JAN 4 1946  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of  
the approximate age of the  
deceased is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 65-0 X

FILM No. 100 JAN 8 1946

## CERTIFICATE OF DEATH

Reg. Diat. No. 12269 1637

### 1. PLACE OF DEATH:

County Frederick  
City or town Mount Airy-Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 Weeks  
Hospital, institution, or street address where death occurred:  
Near New London  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Buckeystown-Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Hope Hill  
(If rural, give LOCATION)  
2. (a) If veteran, name war... None

### 3. (a) FULL NAME

WILLIAM BOWENS

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (n) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Lula Harman

7. Birth date of deceased (mo., day, yr.) Unknown 6. (c) If alive, give age... years

8. AGE: Years Months Days If less than one day  
Approx. 65-70 hrs. min.

9. Birthplace Frederick Co. - Maryland  
(Town, county, and state)

10. Usual occupation None

### 11. Industry or business

12. Name Unknown

13. Birthplace "

14. Maiden name Mollie Bowens

15. Birthplace Frederick Co. Maryland

16. Informant Mrs. Darby Brown

Address Mt. Airy, Md. - Rural

17. Burial Date thereof 12-15-45  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Colored Cem.

Location Point of Rocks - Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 14 Dec 19 45 W. A. Chapman  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1945, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

... 19... to ... 19...  
and that I last saw him alive on December 12, 1945

Immediate cause of death Carcinoma of rectum

DURATION 2 yr.

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Ball Deputy Medical Examiner

Address Frederick, Maryland Date signed 12-13-45

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DEC 26 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Monrovia  
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural Monrovia  
(If rural, give LOCATION)2. (a) If veteran, name war none

## 3. (a) FULL NAME

Henry H. Boyer

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Nettie Boyer

7. Birth date of

deceased (mo., day, yr.)

April 23, 18626. (c) If alive, give age 80 years

8. AGE:

Years

Months

Days

If less than one day

8382

hrs.

min.

9. Birthplace

Monrovia, Frederick Co., Md.  
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Farmer, hanker, & sho

FATHER

12. Name

Adam Boyer

13. Birthplace

Frederick Co., Md.

MOTHER

14. Maiden name

Rachael Hall

15. Birthplace

Frederick Co., Md.

16. Informant

Wm H. Boyer

Address

New London, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Central Cemetery

Cemetery or crematory

(in) New London

Location

18. Funeral director

Harvey E. Barty Co.

Address

Frederick, Md.

19. 27-Dec

(Date rec'd by registrar)

1945

Elizabeth G. Heck

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 19 45 at 8.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 10 19 45, to Dec 25 19 45and that I last saw him alive on Dec 22 19 45

Immediate cause of death

Artemia

DURATION

2 wks

Due to

Chronic Intestinal Nephritis 2 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ernest P. Roop, Md. M. D. or otherAddress New Market, Md. Date signed Dec 27/45

CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, first, middle initial)

2. DATE OF BIRTH

3. SEX

4. PLACE OF BIRTH

5. OCCUPATION

6. CAUSE OF DEATH

7. PLACE OF DEATH

8. TIME OF DEATH

9. SIGNATURE OF PHYSICIAN

10. SIGNATURE OF REGISTRAR

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF DECEASED

13. SIGNATURE OF FUNERAL HOME

14. SIGNATURE OF BURIAL SOCIETY

15. SIGNATURE OF INTERMENT SOCIETY

16. SIGNATURE OF CEMETERY

17. SIGNATURE OF CHURCH

18. SIGNATURE OF MINISTRY

19. SIGNATURE OF CLERGY

20. SIGNATURE OF OTHER

21. SIGNATURE OF OTHER

22. SIGNATURE OF OTHER

23. SIGNATURE OF OTHER

24. SIGNATURE OF OTHER

25. SIGNATURE OF OTHER

26. SIGNATURE OF OTHER

27. SIGNATURE OF OTHER

28. SIGNATURE OF OTHER

29. SIGNATURE OF OTHER

30. SIGNATURE OF OTHER

31. SIGNATURE OF OTHER

32. SIGNATURE OF OTHER

33. SIGNATURE OF OTHER

34. SIGNATURE OF OTHER

35. SIGNATURE OF OTHER

36. SIGNATURE OF OTHER

37. SIGNATURE OF OTHER

38. SIGNATURE OF OTHER

39. SIGNATURE OF OTHER

40. SIGNATURE OF OTHER

41. SIGNATURE OF OTHER

42. SIGNATURE OF OTHER

43. SIGNATURE OF OTHER

44. SIGNATURE OF OTHER

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 6 months  
 Hospital, institution, or street address where death occurred:  
 Frederick City Hospital  
 How long in hospital or institution?..... 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick  
 City or town..... Adamstown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war..... None

## 3. (a) FULL NAME

FAYE ELLEN BRADLEY

## 3. (b) Social Security Number

NONE

4. Sex..... Female  
 5. Color or race..... White  
 6. (a) Single, married, widowed, or divorced..... Single

B. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... July 10-1943  
 8. (c) If alive, give age..... years

8. AGE: Years..... 2-years Months..... 5 Days..... 15  
 If less than one day..... hrs. .... min.

9. Birthplace..... Leesburg- Virginia  
 (Town, county, and state)

10. Usual occupation..... Child

11. Industry or business.....

FATHER  
 12. Name..... Woodrow W. Bradley  
 13. Birthplace..... Castlewood- Virginia

MOTHER  
 14. Maiden name..... May Ellen Hough  
 15. Birthplace..... Leesburg- Va.

18. Informant..... Woodrow W. Bradley  
 Address..... Adamstown- Md.

11. Burial..... Date thereof..... Dec. 27-1945  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory..... Bethel Cemetery  
 Location..... near Lucketts- Virginia

18. Funeral director..... C.E. Cline and Son  
 Address..... Frederick, Maryland

19. 26-Dec 1945 Elizabeth G. Hech.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 25, 1945, at 12:05p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 Dec 23 1945, to Dec 25 1945  
 and that I last saw him alive on Dec 29 1945

Immediate cause of death.....  
 Pneumonia  
 acute cardiac  
 decompensation  
 Due to.....  
 Viral pneumonia. Duration one week.  
 Due to.....  
 Other conditions.....

## DURATION

2 days  
 1/2 hr.

(Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury..... Injured at work?

23. SIGNATURE.....  
 M. D. or other  
 Address..... Date signed.....

RECEIVED  
DEC 27 1945  
BIRMINGHAM  
ALABAMA



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 years  
 Hospital, institution, or street address where death occurred:  
25 West 3rd St  
 How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 25 West 3rd St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

### 3. (a) FULL NAME

S. Elmer Brown

### 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced  
 6. (b) Name of husband or wife Elmer M. Victoria Brown  
 6. (c) If alive, give age 82 years  
 7. Birth date of deceased (mo., day, yr.) Sept 11 1862  
 8. AGE: Years 83 Months 2 Days 24 If less than one day hrs. min.

9. Birthplace Cedar Springs, Pa  
 (Town, county, and state)  
 10. Usual occupation Retired executive  
 11. Industry or business Teacher

12. Name Samuel H. Brown  
 13. Birthplace Cedar Springs, Pa  
 14. Maiden name Sara Jane Horner  
 15. Birthplace Weanersville, Pa

16. Informant Ann Brown  
 Address Frederick, Md  
 17. Burial Date thereof 12/8/45  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Mt. Olivet  
 Location Frederick, Md

18. Funeral director Harry E. Gantz Co  
 Address Frederick, Md

19. 7-Dec 1945 Elizabeth V. Hecks  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1945 at 9:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to Dec 5 1945  
 and that I last saw him alive on Dec 4 1945

Immediate cause of death Carcinoma of caecum DURATION 18 months

Due to  
 Due to  
 Other conditions

(Include pregnancy within 5 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE R. Brown M. D. or other  
 Address Frederick, Md Date signed 12-7-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED

DEC 8 1945

BUREAU V S



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick  
 County.....  
 City or town..... New Market  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Seven Years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State..... Md. County..... Frederick  
 City or town..... New Market  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2(a) If veteran, name war.....

3. (a) FULL NAME..... Miss C. Anna Burall

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... November 28, 1862 6. (c) If alive, give age..... years

8. AGE: Years..... 83 Months..... 0 Days..... 8 If less than one day..... hrs. .... min.

9. Birthplace..... Nr. New London Frederick Md  
 (Town, county, and state)

10. Usual occupation..... Horse Keeper.

11. Industry or business

12. Name..... Samuel Burall13. Birthplace..... Frederick Co Md.14. Maiden name..... Christina Fedeline15. Birthplace..... Frederick Co Md.16. Informant..... Oscar Burall BrotherAddress..... New Market Md.17. Burial..... Burial Date thereof..... Dec. 8, 1945  
 (Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory..... Central CemeteryLocation..... Nr. New London18. Funeral director..... W E FalconerAddress..... New Market Md.19. Dec 7 19 45 Lucian H Falconer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec 5 19 45 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw her on Dec 7 19 45

Immediate cause of death.....

Cerebral thrombosis

Due to.....

atherosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... R. W. Bur M. D. or otherAddress..... Frederick Md Date signed..... 12-6-45

RECEIVED  
JAN 7 1946  
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 948

## CERTIFICATE OF DEATH

12274

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Brownsville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 52 yrs.

Hospital, institution, or street address where death occurred:

229 East Petre St.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brownsville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 229 East Petre St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William Henry Campbell

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

Aug 20 1863

6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

82410

..... hrs.

..... min.

## 9. Birthplace

Virginia  
(Town, county and state)

## 10. Usual occupation

Retired Telegraph Operator

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Mortimer S. Campbell

## 13. Birthplace

Virginia

## 14. Maiden name

Alice M. Winger

## 15. Birthplace

Virginia

## 16. Informant

Mrs. Alice Kason

## Address

Brownsville Md.

## 17.

(Burial, cremation, or removal, which?)

Date thereof

Jan 1 1946  
(month) (day) (year)

## Cemetery or crematory

St. Mark's

## Location

Paul Petersville Md.

## 18. Funeral director

C. N. Fultz, Jr.

## Address

Brownsville Md.

## 19.

(Date rec'd by registrar)

Dec 31 1945Emma Martini  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Dec 3019 45 at 12 A M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 15 1945 to Dec 30 1945  
and that I last saw him alive on Nov 28 1945

## Immediate cause of death

Cerebral Thrombosis

## DURATION

3 hrs

## Due to

## Due to

## Other conditions

(Include pregnancy within 5 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

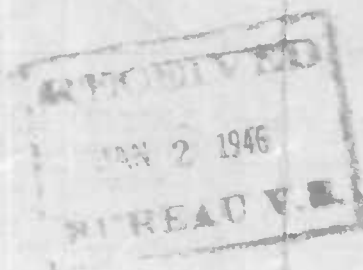
## 23. SIGNATURE

M. D. or other

Address

Date signed

12/30/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1370)

12275

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 131

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Frederick</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? ..... Hospital, institution, or street address where death occurred: <u>Frederick City Hospital</u> How long in hospital or institution? <u>1 Week</u>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Braddock Heights</u> (If outside city or town limits, write RURAL and give nearest town) Street No. .... (If rural, give LOCATION) 2.(a) If veteran, name war <u>None</u>			
<b>3. (a) FULL NAME</b> <u>MARY A. COBLENTZ</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>F</u>				<b>5. Color or race</b> <u>W</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>S</u>	
<b>6. (b) Name of husband or wife</b> .....				<b>6. (c) If alive, give age</b> ..... years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>June 23, 1875</u>							
<b>8. AGE:</b> Years <u>70</u>		Months <u>6</u>		Days <u>6</u>		If less than one day .... hrs. .... min.	
<b>9. Birthplace</b> <u>Jefferson-Frederick-Maryland</u> (Town, county, and state)							
<b>10. Usual occupation</b> <u>At Home</u>							
<b>11. Industry or business</b>							
<b>12. Name</b> <u>Stephen B. Coblentz</u>							
<b>13. Birthplace</b> <u>Frederick County Maryland</u>							
<b>14. Maiden name</b> <u>Henrietta Potterfield</u>							
<b>15. Birthplace</b> <u>Frederick County Maryland</u>							
<b>16. Informant</b> <u>Harry B. Coblentz</u> Address <u>Braddock Heights, Maryland</u>							
<b>17. Burial</b> <u>Reformed Cemetery</u> (Burial, cremation, or removal. Which?) Date thereof <u>1/1/46</u> (month) (day) (year) Cemetery or crematory <u>Middletown, Maryland</u> Location <u>Middletown, Maryland</u>							
<b>18. Funeral director</b> <u>M. R. Etchison and Son</u> Address <u>Frederick, Maryland</u>							
<b>19. 1-Jan 1946</b> <u>Elizabeth G. Heck</u> (Date rec'd by registrar) Registrar							
<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> <u>Dec 29</u> 19 <u>45</u> at <u>10 P</u> M <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Oct 20</u> 19 <u>42</u> to <u>Dec 29</u> 19 <u>45</u> and that I last saw him alive on <u>Dec 29</u> 19 <u>45</u> Immediate cause of death <u>Myocardial</u> Due to <u>Coronary Arteriosclerosis</u> <u>Disease</u> Due to ..... Other conditions ..... (Include pregnancy within 8 months of death) Major findings of operations ..... Date of op. .... Autopsy results ..... PHYSICIAN: Please underline the cause to which death should be charged statistically.							
<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide ..... Date of ..... Where did injury occur? ..... (City or town) ..... (County) ..... (State) Injured at home, farm, industry, public place (where?) ..... Means of injury ..... Injured at work? .....							
<b>23. SIGNATURE</b> <u>H Laurence Fahmy MD</u> Address <u>Frederick Md</u> Date signed <u>12-31-45</u> M. D. or other							

RECEIVED  
JAN 7 1946  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County **Frederick**  
 City or town **State Sanatorium**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **Since Oct. 9, 1945**  
 Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
 How long in hospital or institution? **Since Oct. 9, 1945**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State **Maryland** County **Worcester**  
 City or town **Ocean City**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **2 North Tenth St.**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

DORIS E. COFFIN

## 3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**

B.(b) Name of husband or wife **Paul W. Coffin**

7. Birth date of deceased (mo., day, yr.) **June 12, 1924** 6.(c) If alive, give age **26(?)** years

8. AGE: Years **21** Months **6** Days **10** If less than one day  
 .....hrs. ....min.

9. Birthplace **Snow Hill, Md.**  
 (Town, county, and state)

10. Usual occupation **Housewife**

## 11. Industry or business

FATHER 12. Name **James Conner**  
 13. Birthplace **Girdletree, Md.**

MOTHER 14. Maiden name **Etta Mills**  
 15. Birthplace **Snow Hill, Md.**

16. Informant **Deceased's mother**  
 Address

17. (Burial, cremation, or removal. Which?) **Burial** Date thereof **October 26, 1945**  
 (month) (day) (year)

Cemetery or crematory **Evergreen Cemetery**  
 Location **Berlin, Worcester Co., Md.**

18. Funeral director **Thurman**  
 Address **1222 V St.**

19. (Date rec'd by registrar) **19 45** Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **December 22** 19 **45** at **4:55p** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Oct. 9** 19 **45**, to **Dec. 22** 19 **45**  
 and that I last saw him/her alive on **Dec. 22** 19 **45**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **29 mo.**  
**Tuberculous Laryngitis** **2 mo.**

Due to  
 Other conditions  
 (Include pregnancy within 8 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE **J. D. Lynn** M. D. or other  
 Address **State Sanatorium, Md.** Date signed **12/24/45**



RECEIVED  
DEC 27 1945  
BUREAU V A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of the age of the deceased is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

## CERTIFICATE OF DEATH

12277

Reg. Dist. No. 131

FILM No. 100 JAN 8 1946

1. PLACE OF DEATH: Fredericks  
 County.....  
 City or town..... Fredericks 344 E Third  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 2 1/2 days  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD County..... Fredericks  
 City or town..... Fredericks  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 344 E Third St  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Prudence R. Comer

### 3. (b) Social Security Number

✓

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Female white married

6.(b) Name of husband or wife..... Wm L. Comer

7. Birth date of deceased (mo., day, yr.)..... 3-8-1879  
 6.(c) If alive, give age..... 72 years

8. AGE: Years..... Months..... Days..... If less than one day.....  
66 69 9 12 .....hrs. ....min.

9. Birthplace..... Adams Co Pa  
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... John Geraich

13. Birthplace..... Adams Co Pa

14. Maiden name..... Dorothy Riffle

15. Birthplace..... Adams Co Pa

16. Informant..... Wm L. Comer

Address..... 344 E Third St Frederick

17. Burial Date thereof..... Dec 22-1945  
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory..... Mt Olivet Cem

Location..... Frederick Md

18. Funeral director..... W. E. Falconer

Address..... New Market Md

19. 22-Dec 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 20th, 1945 at 12:25 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1st 1945 to December 20, 45 and that I last saw him alive on December 20th, 1945

Immediate cause of death.....  
Nephritis long standing  
Diabetes " "

CVK  
Cardiovascular disease long standing

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

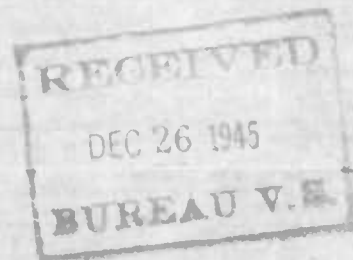
Where did injury occur?.....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W. H. Conley M. D. XXXX

Address..... Frederick, Maryland Date signed..... 12/21/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 178 R

## CERTIFICATE OF DEATH

12278

★ Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 to 8 Hours ?Hospital, institution, or address where death occurred:  
14th Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #4  
(If outside city or town limits, write RURAL and give nearest town)Street No. Church Hill

(If rural, give LOCATION)

2.(a) If veteran, name war None

## 3. (a) FULL NAME

RICHARD EDWARD COOK

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 31, 1922

6.(c) If alive, give age ..... years

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>8</u>	<u>3</u>	..... hrs. .... min.

9. Birthplace Church Hill-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name John W. Cook13. Birthplace Frederick County Maryland14. Maiden name Nora E. Hargett15. Birthplace Frederick County Maryland16. Informant Mr. John W. CookAddress R.F.D.#4, Frederick, Maryland17. Burial Date thereof 12/5/45  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. H Dec 19 45 Elizabeth G. Heck  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 19 45 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to ..... 19.....  
and that I last saw him dead Dec 2 19 45  
..... live on .....

Immediate cause of death

Carbon monoxide poisoning

DURATION

6 hrs.?

Due to .....

Due to Passing in auto with motor running

Other conditions .....

(Include pregnancy within 8 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12.2.45Where did injury occur? Frederick, Frederick, Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) W 14th St.Means of Injury Carbon monoxide Injured at work? no23. SIGNATURE R. W. Burr Deputy Wid Ex. 12.2.45  
M. D. or otherAddress Frederick, Md Date signed 12.2.45

RECEIVED

DEC 5 1945

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

12279131  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 Year & 2 Months  
 Hospital, institution, or street address where death occurred:  
505 South Market Street  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 505 South Market Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

ALONZO MILTON COVELL

## 3. (b) Social Security Number

213-24-8256

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Bessie Ellen Wachter  
 6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) January 4, 1884

8. AGE: Years 61 Months 11 Days 22 If less than one day  
 .... hrs. .... min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business City of Frederick

12. Name Joshua Covell

13. Birthplace Frederick County Maryland

14. Maiden name Margaret Burdette

15. Birthplace Frederick County Maryland

16. Informant Mrs. Bessie W. Covell

Address 505 S. Market St., Frederick, Md.

17. Burial Date thereof 12/29/45  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 27-Dec 19 45 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH December 26, 1945 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 ..... 19....., to ..... 19.....  
 and that I last saw him in DEAD December 26, 1945

Immediate cause of death Coronary occlusion  
 DURATION Immediate

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. .... Date of .....

Where did injury occur? .... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Reed Sum Deputy Medical Examiner  
 M. D. or other

Address Frederick, Maryland Date signed 12-27-45

RECEIVED

JAN 2 1946

BUREAU V R



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

Home for the Aged  
 How long in hospital or institution? 10 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County Frederick

City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 115 Record St.  
 (If rural, give LOCATION)

2.(a) If veteran, name war none

## 3. (a) FULL NAME

Tempie L. Culler

## 3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Geo. B. Culler

7. Birth date of deceased (mo., day, yr.)

Aug 27 - 1868

8. AGE:

Years

Months

Days

If less than one day

77329

hrs.

mo.

9. Birthplace

Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation

Retired housewife

11. Industry or business

Home

12. Name

Curtis Hargett

13. Birthplace

Frederick Co. Md.

14. Maiden name

Sarah Mackay

15. Birthplace

Frederick Co. Md.

16. Informant

Mrs. Arthur R. Reinsburg

Address

Frederick Md.

17. (Burial, cremation, or removal) Which

Burial

Date thereof

Dec. 28/45  
(month) (day) (year)

Cemetery or crematory

Fragville Md.

Location

Fragville

18. Funeral director

G. E. Blum & Son

Address

Frederick Md.

19.

26 Dec  
(Date rec'd by registrar)

1945

Elizabeth G. Hark  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1945 at 8 a. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 6th, 1945 to Dec. 26th 1945and that I last saw her alive on December 25th, 1945

Immediate cause of death

Coronary thrombosis  
Intracapsular fracture ofDue to humerus

DURATION

1 day12/6/45Due to Accidental fall, sugar

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of December 6th, 1945Where did injury occur? 115 Record Street, Frederick, Md. Co. Maryland  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) In front of Home for the AgedMeans of injury Accidental fall

Injured at work?

23. SIGNATURE

C. H. Conley  
M. D.Address Frederick, Maryland Date signed 12/26/45

RECEIVED  
DEC 28 1945  
BUREAU'S



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

12281 131  
Reg. Diat. No.

## 1. PLACE OF DEATH:

County..... FrederickCity or town..... Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 2 daysHospital, institution, or street address where death occurred:  
Emergency HospitalHow long in hospital or institution?..... 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... FrederickCity or town..... Unionville  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Nettie V Davis

## 3. (b) Social Security Number

None

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Female White Single8.(b) Name of husband or wife..... None7. Birth date of deceased (mo., day, yr.)..... May 18 19298. AGE: Years..... Months..... Days..... If less than one day.....  
16 6 22 .....hrs. ....min.9. Birthplace..... Adams Co Penna  
(Town, county, and state)10. Usual occupation..... None11. Industry or business..... None12. Name..... George J Davis13. Birthplace..... Maryland14. Maiden name..... Bessie Strasbaugh15. Birthplace..... Penna16. Informant..... Mr George J DavisAddress..... Unionville Maryland17. Burial Date thereof..... Dec 13-1945-  
(Burial, cremation, or removal, etc.) (month) (day) (year)Cemetery or crematory..... Union Chapel CemeteryLocation..... near Liberty Maryland18. Funeral director..... D. D. Smith & SonAddress..... Union Bridge New Market Md19. 12 Dec 1945- Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec 10 1945 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Dec 10 1945

Immediate cause of death.....

Pneumonia, bronchial+ Status epilepticus

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Frederick M. D. or otherAddress..... Frederick Date signed..... 12-13-45

CERTIFICATE OF DEATH

RECEIVED  
DEC 14 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 1228231  
 Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick
 City or town Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick
 City or town Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war none

## 3. (a) FULL NAME

Emma C. Devilbins

## 3. (b) Social Security Number

none4. Sex F5. Color or race w

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

 7. Birth date of deceased (mo., day, yr.) May 12 - 1872  
 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years Months Days If less than one day

73 7 1 \_\_\_\_\_ hrs. \_\_\_\_\_ min.
9. Birthplace Frederick Co., md.

(Town, county, and state)

10. Usual occupation School Teacher

## 11. Industry or business

12. Name Joseph Devilbins13. Birthplace Frederick Co14. Maiden name Annie E. Kolt15. Birthplace Frederick Co.16. Informant Miss Myrtle DevilbinsAddress Walkersville17. Burial Date thereof Dec 16 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cresagerstown LutheranLocation Cresagerstown18. Funeral director J. E. BartonAddress Walkersville19. 15 - Dec 1945 Elizabeth G. Heek

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 19 45 at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 10 19 45 to Dec 13 19 45and that I last saw him alive on Dec 13 19 45

Immediate cause of death

apoplexyDue to Hypertensive Cardio Vascularrenal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Samuel P. EastdayAddress Walkersville, MdDate signed Dec 14 1945

MAINTAIN STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

RECEIVED  
DEC 18 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 610

## CERTIFICATE OF DEATH

Reg. Dist. No. 132

## 1. PLACE OF DEATH:

County FrederickCity or town Middletown Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Middletown Rural  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

Baby Boy Dunlap4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced \_\_\_\_\_

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of

deceased (mo., day, yr.)

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

0008 1/2 hrs.

min.

9. Birthplace Middletown Frederick Co. Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Bartlett L. Dunlap13. Birthplace Bartbor Co. W. Va.14. Maiden name Ethel R. Sheahan15. Birthplace Tyckser Co. W. Va.16. Informant Bartlett L. DunlapAddress Middletown Md.17. Burial  
(Burial, cremation, or removal. Which?)Date thereof 12-23-45  
(month) (day) (year)Cemetery or crematory Lutheran Cem.Location Middletown Md.18. Funeral director Madhill CompanyAddress Middletown Md.19. Dec 24 19 45  
(Date rec'd by registrar)

Registrar

## 3.(b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1945 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 22 1945 to Dec. 22 1945

and that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death

Congenital  
Atelectasis

DURATION

8 1/2 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE J. Harp MD

M. D. or other

Address Middletown Md. Date signed 12-23-45

RECEIVED  
JAN 2 1945  
BUREAU V. E.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1st-2)

## CERTIFICATE OF DEATH

12284

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick  
 City or town Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. (If rural, give LOCATION)  
 2(a) If veteran, name war none

## 3. (a) FULL NAME

Joseph H. Engle

## 3. (b) Social Security Number

none

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Sarah Ella Potts

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1862

8. AGE: Years 83 Months 9 Days 29 If less than one day  
 hrs. min.

9. Birthplace Frederick Co., md.  
 (Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

12. Name Nicholas

13. Birthplace Germany

14. Maiden name Annie Eve

15. Birthplace Germany

16. Informant Mrs Joseph Engle

Address Walkersville

17. Burial Date thereof Dec 17, 1945  
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mt. Hope

Location Woodboro

18. Funeral director J. C. Barton

Address Walkersville, md.

19. 15-Dec 19 45 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 19 45 at 1030 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940 19 45 to Dec 14 19 45

and that I last saw him alive on Dec 13 19 45

Immediate cause of death

Hypertensive Cardio Vascular  
renal disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. J. Foster M. D. or other

Address Walkersville, Md. Date signed Dec 17, 1945

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE OF DEATH

RECEIVED

DEC 18 1945

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day  
 Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution? 1 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Liberty town  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Catherine Amelia Eyer

## 3. (b) Social Security Number

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife .....

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1944 6.(c) If alive, give age ..... years

8. AGE: Years 1 Months 4 Days 17 If less than one day ..... hrs. .... min.

6. Birthplace Emmitsburg Md.  
 (Town, county, and state)

10. Usual occupation .....

11. Industry or business .....

12. Name John E. Eyer

13. Birthplace LeGore Md.

14. Maiden name Anna Catherine Baker

15. Birthplace 2 Woodsboro Md.

16. Informant Mrs. John E. Eyer

Address Liberty town Md.

17. Burial Date thereof Dec. 20, 1945  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Rocky Hill

Location near 2 Woodsboro Md.

18. Funeral director Rev. R. H. Hartyler

Address 2 Woodsboro Md.

19. 20-Dec-45 Elizabeth G. Hark  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 19 45, at 3:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 1945 to Dec 18 1945

and that I last saw him alive on Dec 17 1945

Immediate cause of death .....

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Anteopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work?

23. SIGNATURE Elizabeth G. Hark M. D. or other

Address Frederick Md. Date signed 12/18/45

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

DEC 26 1945

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 2 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Jefferson  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Jefferson  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

ERNEST WALTER FRY

## 3. (b) Social Security Number

None

## 4. Sex

M

## 5. Color or race

W6. (a) Single, married, widowed, or divorcedMB. (b) Name of husband or wife Theresa Virginia Fox6. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) February 12, 18758. AGE: Years 70 Months 10 Days 2 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Virginia  
(Town, county, and state)10. Usual occupation Painter

## 11. Industry or business

12. Name Isaac N. Fry13. Birthplace Loudoun County Virginia14. Maiden name Mary Elizabeth Shaff15. Birthplace Frederick County Maryland16. Informant Mrs. Theresa F. FryAddress Jefferson, Maryland17. Burial Date thereof 12/17/45

(Burial, cremation, or removal which) (month) (day) (year)

Cemetery or crematory St. Pauls Lutheran CemeteryLocation Jefferson, Md.18. Funeral director M. R. Etchison and SonAddress Frederick, Md.19. 17 Dec 1945 Elizabeth G. Huch

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1945 at 11:40 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 45 to Dec 14 45 and that I last saw him alive on Dec 13 1945Immediate cause of death Myocardial decomposition DURATION 3 moChronic myocarditis 3 moMitral stenosis 2 yrsDue to Chronic Nephritis 9 yrsOther conditions Chronic Nephritis 6 yrs

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. L. LachnerAddress Jefferson Md M. D. or other 12/14/45Date signed 12/14/45

RECEIVED  
DEC 19 1945  
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12272)

## CERTIFICATE OF DEATH

Reg. Dist. No. 121

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 3 days.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont - rural.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war No

## 3. (a) FULL NAME

Rosa Cordelia Fuss.

## 3. (b) Social Security Number

None.

## 4. Sex

Female

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

widowed.8. (b) Name of husband or wife Manuel Fuss7. Birth date of deceased (mo., day, yr.) September 19, 18758. AGE: Years 70 Months 2 Days 25 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Thurmont, Frederick Co., Md.  
(Town, county, and state)10. Usual occupation Retired11. Industry or business Housewife.FATHER 12. Name George W. Miller  
13. Birthplace Thurmont, Md.MOTHER 14. Maiden name Sarah Wilhide  
15. Birthplace Thurmont, Md.18. Informant Mrs. Clifford Green  
Address Thurmont, Md.17. Burial Burial Date thereof Dec. 17, 1945  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory United Brethren  
Location Thurmont, Md.18. Funeral director M. L. Creager & Son  
Address Thurmont, Md.19. 15 Dec 19 45 Elizabeth G. Huch  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 19 45 at 12 30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 19 45, to Dec 14 19 45 and that I last saw him alive on Dec 14 19 45Immediate cause of death Acute Cardiac Dilatation DURATION Sudden

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions strangled umbilical vein

(Include pregnancy within 3 months of death)

Major findings of operations Strangulation Bowel Date of op. Dec 12-45

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_23. SIGNATURE EP Thomas M. D. or other \_\_\_\_\_  
Address Frederick Md Date signed Dec 14-45

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DEC 18 1945

BUREAU V. S.

3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12289

131

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick- Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution?

2 Years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 800 East Patrick Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

SARAH VIRGINIA GARMAN

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife John C. Garman

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 2, 1872

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>26</u>	.....hrs. ....min.

9. Birthplace Ijamsville-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name James E. Crummitt13. Birthplace Frederick County Maryland14. Maiden name Alice Esworthy15. Birthplace Frederick County Maryland16. Informant Mrs. Robert M. JacobsAddress R. F. D. #1, Frederick, Md.17. Burial Date thereof 12/31/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 31-Dec-45 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1945 at 11:25A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 - 1945 to Dec 28 1945 and that I last saw him/her alive on Dec 27 1945

Immediate cause of death

DURATION

Due to Myocardial Infarction

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lammatahiney M.D.  
Address Frederick Md. Date signed 12-29-45

STATE OF THE UNION 1946

January 2, 1946

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January 2, 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12290 / 32  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 31 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Frederick  
 City or town Middletown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Mary Catherine Baver

## 3. (b) Social Security Number

no

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
 6.(b) Name of husband or wife Lee J. Baver  
 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) Feb. 15 1866  
 8. AGE: Years 79 Months 9 Days 25 If less than one day ..... hrs. .... min.

9. Birthplace Myersville Frederick Co. Md.  
 (Town, county, and state)

10. Usual occupation House wife

## 11. Industry or business

FATHER 12. Name Martin Grossnickel  
 13. Birthplace Myersville, Md.

MOTHER 14. Maiden name Salome Warner  
 15. Birthplace Myersville Md.

16. Informant Glen Baver  
 Address Middletown, Md.

17. Burial Date thereof 12-13-45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery  
 Location Middletown, Md.

18. Funeral director Blattell Co.  
 Address Middletown, Md.

19. Dec 13 1945 Main Blattell  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1945 at 4:20 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 191943 to Dec 10 1945  
 and that I last saw him alive on Dec 10 1945

Immediate cause of death Cerebral Hemorrhage DURATION 18 mo

Due to

Due to Arterio Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of

Where did injury occur None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE J. S. Harp MD M. D. or other

Address Middletown Date signed 12-11-45

RECEIVED  
DEC 26 1945  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of  
the age of the deceased  
is shown on

FILM No. 1 0 0 JAN 8 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12291

Reg. Dist. No. 131

1. PLACE OF DEATH:  
County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 30 years  
Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Frederick  
City or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 4 East Church Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war None

### 3. (a) FULL NAME

DANIEL C. GIBSON

### 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced  
6. (b) Name of husband or wife Clara Trail  
7. Birth date of deceased (mo., day, yr.) Don't Know 8. (c) If alive, give age 70 years  
8. AGE: Year 70 Month 0 Day 0 If less than one day hrs. min.

9. Birthplace Bedford, Pennsylvania  
(Town, county, and state)  
10. Usual occupation Insurance Company Manager  
11. Industry or business  
12. Name Henry Gibson  
13. Birthplace Pennsylvania  
14. Maiden name Don't Know  
15. Birthplace Pennsylvania

16. Informant Mrs. Clara Trail Gibson  
Address 4 E. Church St. - Frederick, Md.  
17. Burial Date thereof Dec. 6, 1945  
(Burial, examination, or removal, which?) (month) (day) (year)  
Cemetery or Mount Olivet Cemetery  
Location Frederick, Maryland  
18. Funeral director C.E. Cline and Son  
Address Frederick, Maryland

19. 16 Dec 1945 Elizabeth H. Heck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 4th, 1945, at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 1945 to Dec 4 1945  
and that I last saw him alive on Dec 4 1945

Immediate cause of death Acute Coronary Thrombosis  
Due to None  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings of operations None  
Autopsy results None  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide None Date of None  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) None  
Means of injury None Injured at work? None

23. SIGNATURE A. A. Osier, M.D.  
Address Frederick, Md. Date signed 12/5/45



UNITED STATES DEPARTMENT OF JUSTICE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12292

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #2  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Urbana

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

LINDA LILLIAN GIESLER

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

December 22, 1945

8. AGE:

Years

Months

Days

If less than one day

7

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Merhl E. Giesler13. Birthplace Frederick County Maryland14. Maiden name Lillian Gladhill15. Birthplace Frederick County Maryland16. Informant Merhl E. GieslerAddress R. F. D. #2, Frederick, Md.

17. Burial

Date thereof 12/29/45

(Burial, cremation, or removal, whichever)

Cemetery or crematory Mount Olivet CemeteryFrederick, Maryland

Location

18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29-Dec 1945

(Date rec'd by registrar)

Elizabeth G. Hark

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1945, at 9:00 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 20 1945 to Dec. 29 1945and that I last saw him alive on Dec. 29 1945

Immediate cause of death

Premature  
6 1/2 month fetus

Due to

Premature  
separation

Due to

placenta

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE B. Harkness M. D.Address Frederick, Md. Date signed 12/29/45

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

12293

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: *Frederick*  
 County *Frederick*  
 City or town *Thurmont, Md. R. 2*  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street address, hospital, or institution:  
 Stay in hospital or inst. (yrs., or mos., or days)  
 Stay in this community (yrs., or mos., or days) *74 years*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State *Maryland* County *Frederick*  
 City or town *Thurmont, Md. R. 2* Ward No.  
 (If outside city or town limits, write RURAL NEAR and give town)  
 Street No.  
 (If rural give LOCATION)  
 2(a) IF VETERAN, NAME WAR *NO*

3. (a) FULL NAME *Ms. Opha Ellen Higgins*

3. (b) Social Security Number *NO*

4. Sex *Female* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*  
 8 (b) Name of husband or wife *Samuel Higgins*  
*Deceased* 6 (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) *Oct - 12 - 1871*  
 8. AGE: Years *74* Months *2* Days *14* If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace *Thurmont, Md.*  
 (Town, county, and state)  
 10. Usual occupation *Housewife*  
 11. Industry or business *Housework*  
 12. Name *Josiah F. Ruge*  
 13. Birthplace *Thurmont, Md.*  
 14. Maiden name *Amanda Danville*  
 15. Birthplace *Thurmont, Md.*

16. Informant *Ray Higgins, (Son)*  
 Address *Emmitsburg, Md.*  
 17. *Burial* Date (month) (day) (year) *Jan. 1 - 1946*  
 (Burial, cremation, or removal, Which?)  
 Cemetery or crematory *W. B. Cemetery*  
 Location *Thurmont, Md.*  
 18. Funeral director *M. L. Creager, Son*  
 Address *Thurmont, Md.*  
 19. *Dec. 31* 19*45* *Blanche S. Eyles*  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *December 29* 19*45*, at *10 P.M.*  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 27* 19*45*, to *Dec - 29* 19*45*, and that I last saw her alive on *Dec - 29* 19*45*.

Immediate cause of death *Cerebral Hemorrhage* DURATION *3 hours*  
 Due to *Arteriosclerosis* *7 years*  
 Due to \_\_\_\_\_  
 Other conditions *Chronic valvular disease of the heart, Mitral Stenosis* *5 years*  
 (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations *No operation*  
 Of autopsy *No Autopsy*

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE *George H. Riggs MD* M. D. or other  
 Address *Emmitsburg, Md.* Date signed *12-30-45*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDS

JAN 2 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12294

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FrederickCity or town Graceland  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Graceland  
(If outside city or town limits, write RURAL and give nearest town)Street No. —  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3. (a) FULL NAME

William A. Green

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Nettie O. Harner

7. Birth date of deceased (mo., day, yr.)

September 6, 18566. (c) If alive, give age — years

## 8. AGE:

Years

Months

Days

If less than one day

89312

hrs.

min.

9. Birthplace Highland, Frederick Co. Md.  
(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Farmer

FATHER

## 12. Name

Unknown

## 13. Birthplace

MOTHER

## 14. Maiden name

Unknown

## 15. Birthplace

## 16. Informant

Address

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Jan. 2, 1946  
(month) (day) (year)

## Cemetery or crematory

Greenfield Cemetery

## Location

Myersville, Md.

## 18. Funeral director

Address

R. B. Cregar, owner  
Thurmont, Md.

## 19. Dec. 31

(Date rec'd by registrar)

19 45Blanche S. Eyles

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 19 45, at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 2 19 45, to Dec 30 19 45and that I last saw him alive on Dec 30, 1945 19 45

Immediate cause of death

Cardiac Asthenia

DURATION

8 days

Due to

Carcinoma Stomach2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Morris A. Biele, M.D.

M. D. or other

Address

Thurmont, Md.Date signed 12/31/45

REC-1  
JAN 2 1946  
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12295

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 Years  
 Hospital, institution, or street address where death occurred:  
909 Motter Avenue  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 909 Motter Avenue  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

MARY ELIZABETH HAINES

## 3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Jesse L. Haines

7. Birth date of deceased (mo., day, yr.) July 28, 1860 6. (c) If alive, give age years

8. AGE: Years 85 Months 4 Days 15 If less than one day hrs. min.

9. Birthplace Charlesville-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Samuel P. Ramsburg13. Birthplace Frederick County Maryland14. Maiden name Sophia E. Miller15. Birthplace Frederick County Maryland16. Informant Charles HainesAddress 909 Motter Ave., Frederick, Md.

17. Burial Date thereof 12/26/45  
 (Burial, cremation, or removal-Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 24-Dec 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1945 at 1:30 P. M.

21. CERTIFY that death occurred on the date above stated; that it attended deceased from Aug 1, 1945, to Dec 23, 1945  
 and that I last saw him alive on Dec 19, 1945

Immediate cause of death

DURATION

Due to Ure miaDue to Albuminuria

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.Address Frederick, Maryland Date signed 12-24-45

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12296

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Rural- Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Rural- Walkersville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. None  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

SARAH POOLE HEMPSTONE HANDLEY

## 3. (b) Social Security Number

217-10-0710

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband or wife Charles F. Handley6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) Feb. 17, 1878

8. AGE:	Years	Months	Days	If less than one day
	67	10	10	hrs. min.

9. Birthplace Poolesville-Montgomery Co. Md.  
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Vernon Hempstone13. Birthplace Montgomery County, Maryland14. Maiden name Sarah E. Poole15. Birthplace Montgomery County, Maryland16. Informant Charles F. HandleyAddress Walkersville, Maryland17. Burial Dec. 29-1945

(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C.E. Cline and SonAddress Frederick, Maryland19. 29-Dec 1945 Elizabeth G. Hecks

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 27th. 1945 at 9:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1945 to Dec 14 1945and that I last saw him alive Dec 14 1945 at 1945Immediate cause of death Cordic StrokeDue to Myocardial

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

DURATION

2 weeks  
and  
2 years

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank H. HedgerAddress Frederick Md Dec 29 1945

Date signed \_\_\_\_\_

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74a

12297

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Pennsylvania County Montgomery  
 City or town Norristown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 501 George Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None ✓

## 3. (a) FULL NAME

HARRY J. HARDY

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Bessie E. Hendrich  
 6.(c) If alive, give age 58 years  
 7. Birth date of deceased (mo., day, yr.) October 30, 1887  
 8. AGE: Years 58 Months 1 Days 7 If less than one day  
 ....hrs. ....min.

9. Birthplace Pennsylvania  
 (Town, county, and state)  
 10. Usual occupation Painter  
 11. Industry or business

12. Name Harry Hardy  
 13. Birthplace Pennsylvania  
 14. Maiden name Mary Dudley  
 15. Birthplace Pennsylvania

16. Informant Frederick City Hospital  
 Address Frederick, Maryland

17. Burial 12/11/45  
 (Burial, cremation, or removal, when) Date thereof (month) (day) (year)  
 Cemetery or crematory Riverside Cemetery  
 Location Norristown, Pa.

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 7 Dec 1945 Elizabeth G. Hede.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 7, 1945, at 8:22A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5, 1945 to Dec 7, 1945  
 and that I last saw him alive on Dec. 6, 1945

Immediate cause of death Crown Aneurysm Disease  
& Heart Block.

Due to.....  
 Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? .....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M. D.  
 M. D. or other

Address Frederick, Maryland Date signed 12-7-45

RECEIVED

DEC 12 1945

BUREAU V S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

## CERTIFICATE OF DEATH

Reg. Diat. No. 141

### 1. PLACE OF DEATH:

County Frederick  
City or town Brunswick Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 52 yrs  
Hospital, institution, or street address where death occurred:  
Schraff's Hospital  
How long in hospital or institution? 24 hours

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Md County Frederick  
City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. East Phone St  
(If rural, give LOCATION)  
2(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Mary Daniel Hedges

### 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow

6. (b) Name of husband or wife W H S Hedges

7. Birth date of deceased (mo., day, yr.) Oct 23 - 1861

8. AGE: Years 84 Months 2 Days 7 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace W Va  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife

12. Name David Engelbarger

13. Birthplace W Va

14. Maiden name Mary Daniel

15. Birthplace W Va

16. Informant Mrs Elizabeth West

Address 112 W Church St Frederick Md

17. Burial Date thereof Jan 2 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Marks

Location near Petersville Md

18. Funeral director A H Hest 29 Bar

Address Brunswick Md

19. Jan 2 - 1946 Registrar Emma Mester  
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 19 45 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 29 19 45 to Dec 30 19 45

and that I last saw him alive on Dec 30 19 45

Immediate cause of death Acute Myocarditis  
Duration: One week

Due to Age

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE William H. Hest  
M. D. or other \_\_\_\_\_

Address Brunswick Md Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12298



RECEIVED  
JAN 4 1946  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

★ Reg. Dist. No. 12299 131

## 1. PLACE OF DEATH:

County... Frederick

City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... Lifetime

Hospital, institution, or street address where death occurred:  
South Market Street

How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No... W. Md. Apartments, South Market St.  
(If rural, give LOCATION)

2.(a) If veteran, name war... None

## 3. (a) FULL NAME

GEORGE WILLIAM HEINLEIN

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

8.(b) Name of husband or wife... Bertha Gill Heinlein

B.(c) If alive, give age... 70 years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1862

8. AGE: Years 83 Months 3 Days 15  
If less than one day  
.....hrs. ....min.9. Birthplace... Frederick, Frederick Co., Maryland  
(Town, county, and state)

10. Usual occupation... Retired Banker

11. Industry or business... None

12. Name... Frederick Heinlein

13. Birthplace... Germany

14. Maiden name... Dorothea Dunkhorst

15. Birthplace... Germany

16. Informant... Mrs. George W. Heinlein

Address... Frederick, Maryland

17. Burial  
(Burial, cremation, or removal, which) Date thereof Dec. 18, 1945  
(month) (day) (year)

Cemetery or crematory... Mt. Olivet Cemetery

Location... Frederick, Maryland

18. Funeral director... C. E. Cline &amp; Son

Address... Frederick, Maryland

19. 15 Dec 45 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... December 15 1945 at 11:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1945 to Dec 15 1945  
and that I last saw him alive on Dec 13 1945

Immediate cause of death... Coronary occlusion, thrombosis

DURATION  
10.4 years

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op. ....

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where)? .....

Means of injury Injured at work?

23. SIGNATURE... M. D. or other

Address... Frederick, Md. Date signed... 12-19-45

RECEIVED

DEC 19 1945

RECEIVED

DEC 19 1945

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1862

## CERTIFICATE OF DEATH

Reg. Dist. No. 123131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Purden  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Harry Hurley Sr.

## 3. (b) Social Security Number

## 4. Sex

male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

married

## 6. (b) Name of husband or wife

Rosie Hurley

## 7. Birth date of deceased (mo., day, yr.)

November 13 - 18536. (c) If alive, give age 85 years

## 8. AGE:

Years 92Months 1Days 7

If less than one day

hrs. \_\_\_\_\_ min. \_\_\_\_\_

## 9. Birthplace

Purden - Maryland  
(Town, county, and state)

## 10. Usual occupation

House wife

## 11. Industry or business

FATHER

## 12. Name

Michael Hurley

## 13. Birthplace

Maryland

MOTHER

## 14. Maiden name

Catherine Duran

## 15. Birthplace

Maryland

## 16. Informant

Mrs. Rosie Hurley

## Address

Purden - Maryland

## 17. Burial

(Burial, cremation or removal. Write)

## Date thereof

Dec 23 - 1945  
(month) (day) (year)

## Cemetery or crematory

Mountain View Cem.

## Location

near Purden, Md.

## 18. Funeral director

Roy W. Barber

## Address

Laytonsville Md.

## 19.

22 - Dec 1945Elizabeth G. Hech

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1945 at 6:15 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10, 1943 to December 20, 1945 and that I last saw him alive on December 19, 1945Immediate cause of death Fracture, neck of left femur

## DURATION

3 daysDue to intervascular cardiovascular disease25 yearsDue to Senility16 years

Accidental falls outside his home

Other conditions ever

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of December 20, 1945Where did injury occur? Purden, Montgomery Co., Maryland  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury Accidental fall

Injured at work? \_\_\_\_\_

## 23. SIGNATURE

James P. Kerr M.D.

M. D. or other

Address Hamers, Md.Date signed 12/22/45

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. OCCUPATION

6. CAUSE OF DEATH

7. MANNER OF DEATH

8. SIGNATURE OF PHYSICIAN

9. SIGNATURE OF REGISTRAR

10. DATE OF DEATH

11. PLACE OF BIRTH

RECEIVED  
DEC 27 1945  
BUREAU OF VITALS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 906

## CERTIFICATE OF DEATH

12302

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 10 Minutes

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 109 Ice Street  
(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (a) FULL NAME

MYRTLE MOORE JACKSON

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Maurice A. Jackson6. (c) If alive, give age 36 years7. Birth date of deceased (mo., day, yr.) January 22, 1910

8. AGE:

Years

Months

Days

If less than one day

351023

hrs.

min.

8. Birthplace Nr. Jefferson-Frederick-Maryland  
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name Joseph Moore13. Birthplace Frederick County Maryland14. Maiden name Carnie (last name unknown)15. Birthplace Frederick County Maryland18. Informant Maurice A. JacksonAddress 109 Ice St., Frederick, Md.17. Burial Date thereof 12/18/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 18 Dec 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 15th 1945 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....  
and that I last saw him or DEAD December 15, 1945Immediate cause of death Pericarditis  
with effusion  
acute cardiac  
decompensation

DURATION

10 days1 hr.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robt. J. ... Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 12-18-45

DEC 20 1945  
BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

12301

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred:

SchnaufferHow long in hospital or institution? 1 da., approx.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1 First Ave.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3.(a) FULL NAME

Fred Jefferson

## 3.(b) Social Security Number

705-09-37764. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorcedMarried8.(b) Name of husband or wife Mildred A. JeffersonB.(c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) Sept. 19, 18878. AGE: Years 58 Months 3 Days 10 If less than one day  
.....hrs. ....min.9. Birthplace Sandy Hook, Wash. Co., Md.  
(Town, county, and state)10. Usual occupation Baltimore and Ohio R. R.11. Industry or business Brakeman (Retired)12. Name Thomas Jefferson13. Birthplace Winchester, Va.14. Maiden name Anna Amelia Murphy15. Birthplace Sandy Hook, Wash. Co., Md.16. Informant Mrs. Mildred A. JeffersonAddress 17 First Ave., Brunswick, Md.17. Burial Date thereof Dec. 31, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetary or crematory St. Peter's CatholicLocation Bolivar, Jefferson Co., W. Va.18. Funeral director James S. BaileyAddress Harpers Ferry, W. Va.19. Dec 30 19 45 Emma Martin  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 19 45 at 3 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 29 19 45 to Dec 29 19 45 and that I last saw him alive on Dec 29 19 45Immediate cause of death Coronary thrombosis DURATION 48 hrsDue to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)Major findings of operations  
Date of op.Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?23. SIGNATURE William S. Shaffer M. D. or other  
Address Brunswick Date signed Dec 30 1945

RECEIVED

JAN 2 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of **MARYLAND STATE DEPARTMENT OF HEALTH**  
 approximate age of deceased is 2411 N. Charles St., Baltimore 632  
 shown on **CERTIFICATE OF DEATH**  
 FILM No. 100 JAN 18 1946

12303  
 131  
 Reg. Dist. No. ....

<b>1. PLACE OF DEATH:</b> County <u>Frederick</u> City or town <u>Buckeystown - Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>40 years</u> Hospital, institution, or street address where death occurred: <u>Near Buckeystown</u> How long in hospital or institution?	<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Buckeystown - Rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Near Buckeystown</u> (If rural, give LOCATION) 2.(a) If veteran, name war <u>None</u>
--	---

<b>3. (a) FULL NAME</b> <u>CAROLINE ELIZABETH JENKINS</u>	<b>3. (b) Social Security Number</b> <u>None</u>
--	---

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
6. (b) Name of husband or wife <u>William Jenkins</u>		
7. Birth date of deceased (mo., day, yr.) <u>Unknown</u>		
8. AGE: Years <u>65 ?</u>	Months <u>-2-</u>	Days <u>.....</u>
It less than one day <u>.....</u> hrs. <u>.....</u> min.		

9. Birthplace <u>Frederick County Maryland</u> (Town, county, and state)
10. Usual occupation <u>At Home</u>
11. Industry or business
12. Name <u>William Truman</u>
13. Birthplace <u>Frederick County Maryland</u>
14. Maiden name <u>Ann (last name unknown)</u>
15. Birthplace <u>Frederick County Maryland</u>

16. Informant <u>Mrs. Carrie Offord</u> Address <u>Buckeystown, Maryland</u>
17. Burial (Burial, cremation, or removal) Which? <u>Colored Cemetery</u> Date thereof <u>12/17/45</u> (month) (day) (year) Cemetery or crematory Location <u>Point of Rocks, Maryland</u>
18. Funeral director <u>M. R. Etchison and Son</u> Address <u>Frederick, Maryland</u>
19. <u>14 Dec</u> <u>45-</u> <u>Elizabeth G. Heck</u> (Date rec'd by registrar) Registrar

<b>MEDICAL CERTIFICATION</b>	
20. DATE OF DEATH <u>December 14, 1945</u> at <u>9 A</u> M	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>19.....</u> to <u>19.....</u> and that I last saw her <u>DEAD</u> <u>December 14, 1945</u>	
Immediate cause of death <u>Cerebral Hemorrhage</u>	DURATION <u>3 days</u>
Due to <u>arteriosclerosis</u>	<u>5 years</u>
Due to <u>sebum</u>	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	Date of op. ....
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	Date of .....
Where did injury occur? (City or town) (County) (State)	
Injured at home, farm, industry, public place (where?)	
Means of injury	Injured at work?
23. SIGNATURE <u>P. W. Barr</u>	Deputy Medical Examiner
M. D. or other	
Address <u>Frederick, Maryland</u>	Date signed <u>12-14-45</u>

RECEIVED  
DEC 18 1945  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12304 134  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County Fredrick  
 City or town Emmitsburg - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 50 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Baltimore County Fredrick  
 City or town Emmitsburg - rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. none  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war WW

## 3. (a) FULL NAME

Mary Catherine Keppers

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

✓

## 6. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of deceased (mo., day, yr.)

November 23, 1871

## 8. AGE:

Years

Months

Days

If less than one day

7414

.....hrs.

.....min.

## 9. Birthplace

Taneytown, Carroll Co., Md.  
(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Personal tailor

## FATHER

## 12. Name

Alphius V. Keppers

## 13. Birthplace

Emmitsburg, Md.

## MOTHER

## 14. Maiden name

Mary E. Schell

## 15. Birthplace

Emmitsburg, Md.

## 16. Informant

Mrs. Lucy M. Keppers

## Address

Emmitsburg, Md.

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

Dec 31, 1945  
(month) (day) (year)

## Cemetery or crematory

St. Anthony's

## Location

St. Anthony's, Md.

## 18. Funeral director

W. L. Crayton & Son

## Address

Thurmont, Md.

## 19.

Dec 30 1945  
(Date rec'd by registrar)W. L. Crayton  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1945 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 15, 1945 to Dec 27, 1945  
and that I last saw him alive on Dec 26, 1945

## Immediate cause of death

Coronary Thrombosis

## DURATION

4 hr

## Due to

Carcinoma Stomach3 yrs.

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Morris G. Birch, MD

MD, or other

Address

Thurmont, Md.Date signed 12/28/45

RECEIVED  
JAN 2 1946  
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 490 +

## CERTIFICATE OF DEATH

Reg. Dist. No. 12305 131

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 3 yrs.  
 Hospital, institution, or street address where death occurred:  
 Frederick City Hospital  
 How long in hospital or institution?..... 2½ months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Washington, D.C. County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1661 Harvard Terrace, N.W.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... None

## 3. (a) FULL NAME

CORA KERNGOOD

## 3. (b) Social Security Number

None

4. Sex..... Female  
 5. Color or race..... White  
 6. (a) Single, married, widowed, or divorced..... Widowed  
 6. (b) Name of husband or wife..... Lee Kerngood  
 deceased  
 7. Birth date of deceased (mo., day, yr.)..... 1874, May 16  
 8. AGE: Years..... 71 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... Washington, D.C.  
 (Town, county, and state)  
 10. Usual occupation..... Housekeeper  
 11. Industry or business.....

12. Name..... Don't Know Abraham Herman  
 13. Birthplace.....  
 14. Maiden name..... Don't Know  
 15. Birthplace.....

16. Informant..... Therese Herman Blatt.  
 Address..... 1661 Harvard Terrace, N.W. Wash.D.C.

17. Removal..... Date thereof..... December 12-45  
 (Burial, cremation, or removal, whichever)  
 (month) (day) (year)  
 Cemetery or crematory..... Fort Lincoln Crematory  
 Location..... Washington, D.C.

18. Funeral director..... C.E. Cline and Son  
 Address..... Frederick, Md.

19. 12 Dec 1945- Elizabeth B. Hech.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 11th. 1945, at 11:30p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 Oct 5 1945, to Dec 11 1945  
 and that I last saw her alive on Dec 11 1945

Immediate cause of death.....  
 Broncho pneumonia  
 Chronic Bronchitis  
 Due to..... Carcinoma of vagina  
 DURATION  
 5 days  
 5 yrs  
 1½ yrs  
 Due to..... Arterio sclerosis  
 ?  
 Other conditions..... Recto vaginal Fistula  
 2 months  
 Vagino-vaginal Fistula  
 2 months  
 (Include pregnancy within 8 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE..... J. R. Schoolman M.D.  
 Address..... 520 2nd St. Date signed..... 12/12/45



UNITED STATES DEPARTMENT OF JUSTICE

CLASS NO. 17-10-10-10-10

RECEIVED  
DEC 14 1945  
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131a

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 340 West Patrick St.  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

## 3. (a) FULL NAME

ALLEN LEWIS KLINE

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

B. (b) Name of husband or wife Florence Englebrecht Kline

7. Birth date of deceased (mo., day, yr.) March 1-1862 8. (c) If alive, give age ..... years

8. AGE: Years 83 Months 9 Days 23 If less than one day ..... hrs. .... min.

9. Birthplace Shookstown-Fred'k. Co. Md.  
 (Town, county, and state)

10. Usual occupation Retired Merchant11. Industry or business Green goods12. Name Josiah T. Kline13. Birthplace Frederick County Maryland14. Maiden name Caroline Kehne15. Birthplace Shookstown, Md.18. Informant G. Allen KlineAddress Frederick, Md.

17. Burial Date thereof 12-26-1945  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick- Md.18. Funeral director G.E. Cline and SonAddress Frederick, Md.

19. 24-Dec 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1945 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 21 1945 to Dec 23 1945  
 and that I last saw him alive on Dec 23 1945

Immediate cause of death

DURATION

Thromboplegia 2 DaysDue to cardio vascular diseaseDue to 12 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Fehner MDFrederick Md M.D. or otherDate signed 12-24-45

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
DEC 27 1965  
BUREAU A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Rural Nr. Walkersville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Walkersville, R.F.D.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

EARCY EUTAW

## 3. (b) Social Security Number

NONEKline

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife HILDA IRENE BIDDINGER7. Birth date of deceased (mo., day, yr.) APRIL 26, 1900

8. AGE:

Years

45

Months

7

Days

7

It less than one day

.....hrs. ....min.

9. Birthplace Frederick County  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Silas A. Kline13. Birthplace Frederick County, Maryland.

MOTHER

14. Maiden name Mary Misner15. Birthplace Frederick County, Maryland.18. Informant Mrs. Earcy KlineAddress Walkersville, Maryland.17. Burial Burial Date thereof Dec. 6, 1945  
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or ~~crematory~~ Church of the BrethrenLocation Monrovia, Maryland.19. Funeral director G. C. BartonAddress Walkersville, Md.19. 6 Dec 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1945 at 4:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead 19..... to 19.....  
and that I last saw him live on Dec 3 1945

Immediate cause of death

Gun shot wound of head. Evacuation of brain

DURATION

Minutes

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 12-3-45Where did injury occur? Frontier Rd. Frederick, Md.  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) From HomeMeans of Injury 22 cal rifle Injured at work? No

23. SIGNATURE.....

Bar Dept. Med. Ex.

M. D. or other

Address Frederick, Md. Date signed 12-5-45

RECEIVED  
DEC 7 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

123084

## 1. PLACE OF DEATH:

County Frederick  
 City or town Emmitsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Emmitsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (a) FULL NAME

Charles Ross Landers

## 3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Annie Shriver Landers

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

October 20, 1858

8. AGE:

Years

Months

Days

If less than one day

8724

hrs.

min.

9. Birthplace Thurmont, Frederick County, Md.  
(Town, county, and state)10. Usual occupation Retired mail carrier

11. Industry or business

FATHER

12. Name William Landers

13. Birthplace

Scotland14. Maiden name Sarah Bousier

15. Birthplace

Thurmont Md16. Informant Mrs. Charles LandersAddress Emmitsburg, Md.17. Burial  
(Burial, cremation, or removal, Which?)Date thereof December 28, 1945  
(month) (day) (year)Cemetery or crematory Mt. View CemeteryLocation Emmitsburg, Md.18. Funeral director C. O. Fuss & Son

Address

Taneytown, Md.19. Dec 26 1945  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 24 1945 at 11:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1926 19 Dec 24 19 45  
and that I last saw him alive on Dec 23 19 45

Immediate cause of death

Arterio-sclerotic  
cardio-vascular disease

DURATION

Due to

several years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. R. Cash M.D.

M. D. or other

Address

Emmitsburg MdDate signed 12-26-45





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (67)

## CERTIFICATE OF DEATH

12309

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 Weeks

Hospital, institution, or street address where death occurred:

Near Mount Pleasant

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #3  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Yellow Springs

(If rural, give LOCATION)

2. (a) If veteran, name war None

## 3. (a) FULL NAME

FLORENCE RECECCA LINTON

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife John H. Linton6. (c) If alive, give age 77 years7. Birth date of deceased (mo., day, yr.) March 14, 1864

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>14</u>	.....hrs. ....min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)10. Usual occupation At Home

## 11. Industry or business

12. Name Adam Ford13. Birthplace Frederick County Maryland14. Maiden name Polley (last name unknown)15. Birthplace Unknown16. Informant Mr. John H. LintonAddress R. F. D. #3, Frederick, Md.17. Burial Date thereof 12/31/45  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Brook Hill CemeteryLocation Yellow Springs-Frederick Rural18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29 Dec 1945 Elizabeth G. Heeb  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1945 at 7:25 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 24, 1945 to Dec. 28, 1945 and that I last saw her alive on Dec. 27th, 1945Immediate cause of death Broncho-pneumonia DURATION 4 days

Due to

Due to

Other conditions (Marked) Arterio-sclerosis  
Hypertension  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. O. Nomura Jr. M. D.  
M. D. or otherAddress Frederick, Maryland Date signed 12-29-45

U. S. DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

RECEIVED  
JAN 2 1946  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 12310

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #1  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. HomeHow long in hospital or institution? 6 Years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1211 Union Avenue  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

ALICE VIRGINIA LOWMAN

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Benjamin F. Lowman

7. Birth date of

deceased (mo., day, yr.)

July 7, 1853

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

92512

hrs.

min.

9. Birthplace

York-York-Penna.

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

Alexander Ziegler

13. Birthplace

Shrewsbury, Penna.

MOTHER

14. Maiden name

Caroline Belt

15. Birthplace

Hampstead, Maryland

16. Informant

I. O. O. F. Home Records

Address

Frederick, Maryland

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/22/45

(month) (day) (year)

Cemetery or crematory

Druid Ridge Cemetery

Location

Pikesville, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

20 Dec19 45Elizabeth H. Hark

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1945 10:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 10 19 45 to Dec 19 19 45and that I last saw her alive on Dec 17 19 45Immediate cause of death cardiac thrombosis

DURATION

24 hours

Due to

Due to

Other conditions

Arterio-sclerosis10 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm M. Smith

M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-20-45

RECEIVED

DEC 26 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 56

12311

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
301 Rockwell Terrace  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 301 Rockwell Terrace  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

## 3. (a) FULL NAME

Adrian Le Roy Mc Cardell

## 3. (b) Social Security Number

2 15 - 14 - 2741

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Eleanor M. Clingan  
 6. (c) If alive, give age 60 years  
 7. Birth date of deceased (mo., day, yr.) March 12 - 1873

8. AGE: Years 72 Months 8 Days 27 If less than one day  
 ..... hrs. .... min.

9. Birthplace Frederick County - Md.  
 (Town, county, and state)

10. Usual occupation Banker

## 11. Industry or business

FATHER 12. Name Adrian C. Mc Cardell  
 13. Birthplace Washington Co. Md.  
 MOTHER 14. Maiden name Alfaretta Stonebraker  
 15. Birthplace Washington Co. Md.

16. Informant Mrs. A. Le Roy Mc Cardell  
 Address 301 Rockwell Terrace - Fredk. Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 12-11-45  
 (month) (day) (year)  
 Cemetery or crematory Mt. Olivet Cemetery  
 Location Frederick - Md.

18. Funeral director C. E. Cline and Son  
 Address Frederick Md.

19. 10 Dec 19 45 Elizabeth J. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1945 at 2:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19 45 to Dec 9 19 45  
 and that I last saw him alive on Dec 9 19 45

Immediate cause of death.....

Carcinoma Prostate  
 Due to.....  
 Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of Injury..... Injured at work?

23. SIGNATURE E. P. Thomas M. D. or other

Address Frederick Md. Date signed Dec 9-45

RECEIVED STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

DEC 12 1945

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-a

12312

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick (Rural)  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Emergency Hospital  
 How long in hospital or institution? 11 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 431 West Bath  
 (If rural, give LOCATION)  
 2(a) If veteran, name war none

## 3. (a) FULL NAME

Charles T. Melrling

## 3. (b) Social Security Number

none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Clara Melrling7. Birth date of deceased (mo., day, yr.) July 6, 1865 6. (c) If alive, give age 80 years

8. AGE: Years 80 Months 5 Days 14 It less than one day 10 hrs. 10 min.

9. Birthplace Frederick, Md., G. Maryland  
(Town, county, and state)10. Usual occupation Retired Butcher

11. Industry or business

12. Name George Melrling13. Birthplace Germany14. Maiden name Barbara Engelbright15. Birthplace Germany16. Informant Mrs. H. M. LewisAddress Frederick - Md.17. (Burial, cremation, or removal: Which?) Burial Date thereof 12-24-45Cemetery or crematory Mt. Olivet CemeteryLocation Frederick - Md.18. Funeral director C. E. Clive & SonAddress Frederick - Md.19. 24 Dec 1945 Elizabeth G. Heck Registrar

(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1945 at 2 1/2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 11, 1945 to Dec. 22, 1945  
 and that I last saw him alive on December 22, 1945

Immediate cause of death MyocardiaDURATION 1 weekDue to Cardio Vascular andDisease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lawrence Fahmy M.D.Address Frederick Md Date signed 12-22-45



RECEIVED  
DEC 27 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470 X

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2 Months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 817 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

## 3. (a) FULL NAME

ANDREW JOHN MEISLING, JR.

## 3. (b) Social Security Number

577-18-3588

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

8. (b) Name of husband or wife

Lola Bell

7. Birth date of

deceased (mo., day, yr.)

December 15, 1883

8. AGE:

Years

Months

Days

If less than one day

611118

..... hrs.

..... min.

9. Birthplace

Columbia, Pa.

(Town, county, and state)

10. Usual occupation

Brick Mason

11. Industry or business

FATHER

12. Name

Andrew J. Meisling, Sr.

13. Birthplace

Baltimore, Maryland

MOTHER

14. Maiden name

Elizabeth Leddy

15. Birthplace

Ireland

16. Informant

Joseph A. Meisling

Address

817 N. Market St., Frederick, Md

17.

Burial

Date thereof

12/6/45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

5 Dec19 45Elizabeth G. Etch

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 3rd, 19 45 at 5:45P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 119 45to Dec 319 45

and that I last saw him alive on

Dec 319 45

Immediate cause of death

DURATION

Carcinoma of Lungs  
+ Metastasis2 years

Due to

Due to

Other conditions

Exhaustion

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Fehmy M. D.

M. D. or other

Address Frederick, MarylandDate signed 12/4/45

RECEIVED

DEC 7 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since Dec. 12, 1945  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since Dec. 12, 1945

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 219 W. Mulberry St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_ ✓

## 3. (a) FULL NAME

LUNG MING

 3. (b) Social Security Number  
214-26-4122

4. Sex Male 5. Color or race Chinese 6. (a) Single, married, widowed, or divorced Married

B. (b) Name of husband or wife Ge-Ong-She

T. Birth date of deceased (mo., day, yr.) July 22, 1899 6. (c) If alive, give age 45 years

8. AGE: Years 46 Months 5 Days 0 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace China  
 (Town, county, and state)

10. Usual occupation Dish-washer

11. Industry or business

FATHER 12. Name Lung Lum Lee  
 13. Birthplace China

MOTHER 14. Maiden name Lung Chu Se  
 15. Birthplace China

16. Informant DeceasedAddress Bumie

17. (Burial, cremation, or removal, Which?) Date thereof Dec. 26, 1945  
 (month) (day) (year)

Cemetery or crematory Woodside Cem.Location Baltimore, Md.18. Funeral director Mrs. Queen SonAddress Thurmond St. Md.

19. Dr. 22 19 45 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 19 45 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec. 12 19 45 to Dec. 22 19 45  
 and that I last saw him alive on Dec. 22 19 45

Immediate cause of death \_\_\_\_\_ DURATION

Pulmonary Tuberculosis 9 mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. B. Lynn M. D. or otherAddress State Sanatorium, Md. Date signed 12/24/45

RECEIVED  
DEC 27 1945  
BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1281/34

## 1. PLACE OF DEATH:

County..... Frederick County  
 City or town..... Emmitsburg, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... Since 1942  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Frederick Co.  
 City or town..... Emmitsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Mary Moran (Sister Mary Joseph)

## 3. (b) Social Security Number

None

4. Sex..... Female  
 5. Color or race..... White  
 6.(a) Single, married, widowed, or divorced..... Sister of Charity

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)..... November 20, 1854  
 6.(c) If alive, give age..... years

8. AGE: Years..... 91 Months..... 1 Days..... 9 If less than one day..... hrs. .... min.

9. Birthplace..... Worcester, Massachusetts  
 (Town, county, and state)  
 10. Usual occupation..... With the Orphans and in Hospitals

## 11. Industry or business

FATHER 12. Name..... John Moran  
 13. Birthplace..... Co. Kerry, Ireland

MOTHER 14. Maiden name..... Katherine Cavanagh  
 15. Birthplace..... Co. Kerry, Ireland

16. Informant..... Sister Rosa, Assistant  
 Address..... Emmitsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?)..... Burial Date thereof..... Dec. 31, 1945  
 (month) (day) (year)

Cemetery or crematory..... Cemetery  
 Location..... St. Joseph's (Private) Emmitsburg, Md.

18. Funeral director..... S. L. Allison  
 Address..... Emmitsburg Md.

19. Dec 29 45 M. F. Shuff  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... DEC 28 1945 at 8:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 21 1944 to DEC 28 1945 and that I last saw her alive on DEC 18 1945

Immediate cause of death..... Uremia

DUE TO..... Chronic Nephritis

DUE TO.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Morris A. Burely M.D.  
 M. D. or other

Address..... Thurmont - Md. Date signed..... 12/29/45

RECEIVED  
JAN 2 1946  
BUREAU V.A.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (600)

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

10 Hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Ijamsville  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

## 3. (a) FULL NAME

HOBSON SCHLEY MUSSETTER, JR.

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>S</u>
6.(b) Name of husband or wife		
6.(c) If alive, give age _____ years		
7. Birth date of deceased (mo., day, yr.) <u>May 14, 1943</u>		
8. AGE: Years <u>2</u>	Months <u>7</u>	Days <u>15</u>
If less than one day _____ hrs. _____ min.		

9. Birthplace Ijamsville-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Infant

## 11. Industry or business

12. Name Hobson S. Mussetter  
 13. Birthplace Frederick County Maryland  
 14. Maiden name Mary H. Himbury  
 15. Birthplace Frederick County Maryland

16. Informant Hobson S. Mussetter  
 Address Ijamsville, Maryland

17. Burial Date thereof 12/31/45  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
Frederick, Maryland  
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland  
 Address

19. 31-Dec 19 45 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 19 45 at 11/9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 28 19 45 to Dec 28 19 45  
 and that I last saw him alive on Dec 28 19 45

Immediate cause of death

Infectious infection

DURATION

12 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury

Injured at work?

23. SIGNATURE

EP Thomas M. D.  
 Address Frederick, Md Date signed Dec 28-45

RECEIVED

JAN 2 1946

BUREAU V

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

## CERTIFICATE OF DEATH

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

Crutchley Nursing HomeHow long in hospital or institution? 1 Year

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Frederick  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (a) FULL NAME

MARY ISABEL MYERS

## 3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 16, 1864

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>9</u>	..... hrs. .... min.

9. Birthplace Frederick County Maryland  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name George W. Myers13. Birthplace Frederick County Maryland14. Maiden name Ann Thomas15. Birthplace Frederick County Maryland16. Informant Mrs. C. E. V. MyersAddress R.F.D.#4, Frederick, Maryland17. Burial Date thereof 12/28/45  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 27 Dec 19 45 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1945 at 8 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Dec. 1, 1945 to 12/25/1945  
and that I last saw her alive on 12/25/45Immediate cause of death Chronic myocarditis  
DURATION 1 yr.Due to Acute dilatation of the heart 5 days

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

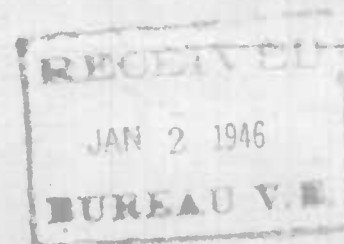
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm M Smith M. D.Address Frederick, Maryland Date signed 12-26-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1221131

1. PLACE OF DEATH: Frederick  
 County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? about 6 hours  
 Hospital, institution, or street address where death occurred:  
Frederick City Hospital  
 How long in hospital or institution? about 6 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State md. County Howard  
 City or town near Daisy  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. R.F.D. Woodbine md.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

3. (a) FULL NAME Shirley Myers

3. (b) Social Security Number

4. Sex F 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 6, 1935 8. (c) If alive, give age 10 years

8. AGE: Years 10 Months 9 Days 20 If less than one day hrs. min.

9. Birthplace Baltimore md.  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Edward Myers13. Birthplace Howard Co.14. Maiden name Etta Thornton15. Birthplace Howard Co.16. Informant Etta MyersAddress Woodbine17. Burial Burial Date thereof Dec. 28, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory DaisyLocation Daisy Howard Co.18. Funeral director A. M. SnyderAddress Mt. Airy - Maryland19. 27 Dec 19 45 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 19 45 at 6:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 25 19 45 to Dec 26 19 45and that I last saw him alive on Dec 26 19 45Immediate cause of death Pulm. PneumoniaDue to Bilateral

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stanley GrabillAddress Mt Airy Md Date signed 12/26/45

RECEIVED  
DEC 28 1945  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of the **MARYLAND STATE DEPARTMENT OF HEALTH**  
year of birth of the deceased is shown **2411 N. Charles St., Baltimore 742**

FILM No. I 00 JAN 8 1946

# CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County Fredrick  
City or town Brunswick  
(If outside city or town limits write RURAL and give nearest town)  
How long in above place of death? 25 days  
Hospital, institution, or street address where death occurred  
Schwaffner Hospital  
How long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick  
City or town Brunswick  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 203 East Prince St.  
(If rural, give LOCATION)

2.(a) If veteran, name war...

## 3. (a) FULL NAME

Jacob Philmore Nalley

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
6. (b) Name of husband or wife Norma F. Knadler  
6. (c) If alive, give age 60 years  
7. Birth date of deceased (mo., day, yr.) Jan. 26, 1885  
8. AGE: Years 63 Months 10 Days 11 If less than one day  
.....hrs. ....min.

9. Birthplace Maryland  
(Town, county, and state)  
10. Usual occupation B & O R.R. Car repairman  
11. Industry or business Transportation  
12. Name Jacob Nalley  
13. Birthplace Maryland  
14. Maiden name Sophiah Koontz  
15. Birthplace Maryland

16. Informant Mrs Norma F. Nalley  
Address Brunswick Md.  
17. Burial Date thereof Dec 9, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Leont Valley  
Location near Bucksville Md  
18. Funeral director C. N. Fute & Son  
Address Brunswick Md.  
19. Dec 9 - 19 45 Emory Martin  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1945 at 2:15 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1945, to Dec 7 1945  
and that I last saw him alive on Dec 7 1945

Immediate cause of death Coronary Thrombosis DURATION 3 days  
Due to .....  
Due to .....  
Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....  
Autopsy results .....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide ..... Date of .....  
Where did injury occur? ..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) .....  
Means of injury ..... Injured at work? .....  
23. SIGNATURE William Christopher M. D. or other  
Address Brunswick Date signed Dec 9 1945



RECEIVED  
DEC 11 1945  
U. S. AIR FORCE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 12/17/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 12/17/45

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Anne Arundel  
City or town Pasadena  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Edwin A. Oberheim

### 3. (b) Social Security Number

#### 4. Sex

Male

#### 5. Color or race

White

#### 6.(a) Single, married, widowed, or divorced

Married

#### 8.(b) Name of ~~husband~~ wife

Nellie Oberheim

#### 7. Birth date of deceased (mo., day, yr.)

2/23/1898

#### 6.(c) If alive, give age \_\_\_\_\_ years

#### 8. AGE:

Years

Months

Days

If less than one day

47

9

28

hrs.

min.

#### 9. Birthplace

Baltimore, Md.

(Town, county, and state)

#### 10. Usual occupation

Merchant

#### 11. Industry or business

#### FATHER

#### 12. Name

August Oberheim

#### 13. Birthplace

Baltimore, Md.

#### MOTHER

#### 14. Maiden name

Mary Doenges

#### 15. Birthplace

Baltimore, Md.

#### 16. Informant

Deceased

#### Address

#### 17.

Burial  
(Burial, cremation, or removal. Which?)

#### Date thereof

Dec. 24, 1945  
(month) (day) (year)

#### Cemetery or crematory

Woodlawn Cemetery

#### Location

Baltimore, Md.

#### 18. Funeral director

M. L. Creager & Son

#### Address

Thurmont, Maryland

#### 19.

Dec 21 1945  
(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1945, at 3:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 17 1945 to Dec. 21 1945

and that I last saw him alive on December 21 1945

#### Immediate cause of death

Pulmonary Tuberculosis

#### DURATION

4 Mos.

#### Due to

#### Due to

#### Other conditions

(Include pregnancy within 3 months of death)

#### Major findings of operations

Date of op. \_\_\_\_\_

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

#### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

#### 23. SIGNATURE

J. B. Lynn

M. D. ~~XXXX~~

Address State Sanatorium, Md. Date signed 12/21/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 26 1945

BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick- rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? About 3 weeks.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Creagerstown, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2(a) If veteran, name war No.

## 3. (a) FULL NAME

Harvey Benjamin. Ogle

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Grace E. Keiholtz.

## 7. Birth date of deceased (mo., day, yr.)

June 11, 1874

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

71610

\_\_\_\_\_ hrs.

\_\_\_\_\_ min.

## 9. Birthplace

Creagerstown Fred'k Co., Md.

(Town, county, and state)

## 10. Usual occupation

Retired

## 11. Industry or business

Farmer

## FATHER

## 12. Name

George Ogle

## 13. Birthplace

Creagerstown, Md.

## MOTHER

## 14. Maiden name

Christine

## 15. Birthplace

Creagerstown, Md.

## 16. Informant

Mrs. George Boyer

## Address

Frederick R.F.D. Md.

## 17. Burial

Dec. 24, 1945

(Burial, cremation, or removal. Which?)

Date thereof \_\_\_\_\_ (month) (day) (year)

## Cemetery or crematory

Mt. Tabor Cemetery

## Location

Rocky Ridge, Md.

## 18. Funeral director

M. L. Creager & Son

## Address

Thurmont, Md.19. Dec. 24

(Date rec'd by registrar)

19 45Elizabeth G. Hesch

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1945 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 6 19 45, to Dec. 7 19 45  
 and that I last saw him alive on Dec. 7 19 45

Immediate cause of death

Exhaustion from cerebral  
hemorrhage

DURATION

6 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE James H. BayThurmont, Md. M. D. or other \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 12/22/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 136

## 1. PLACE OF DEATH:

County FrederickCity or town Buckeystown - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:  
Near Buckeystown

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Buckeystown - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Buckeystown  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

McCOMAS ORME

## 3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Unknown 18808. AGE: Years 65? Months  Days  If less than one day  hrs.  min. 9. Birthplace Nr. Buckeystown-Frederick-Md.  
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name William Orme13. Birthplace Frederick County Maryland14. Maiden name Hannah Dixon15. Birthplace Frederick County Maryland16. Informant Mrs. Ella SiedlingAddress 2 Clark Place, Frederick, Md.17. Burial Date thereof 12/13/45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 12 Dec 19 45 G. O. Lindrickson

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8(?) 45 19 45 at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 45 to 19 45and that I last saw him alive on December 11, 19 45Immediate cause of death coronary sclerosisDue to unintentional

Due to

Other conditions

(Includes pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE P. W. Baer Deputy Medical ExaminerAddress Frederick, Maryland Date signed 12-12-45

RECEIVED

DEC 19 1945

BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

### 1. PLACE OF DEATH:

County... **Frederick**  
City or town... **State Sanatorium**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **Since Nov. 19, 1945**  
Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
How long in hospital or institution? **Since Nov. 19, 1945**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State... **Maryland** County...  
City or town... **Baltimore**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No... **679 Washington Blvd.**  
(If rural, give LOCATION)  
2.(a) If veteran, name war...

### 3. (a) FULL NAME

**ANNA B. PARKER**

### 3. (b) Social Security Number

**215-18-7678**

4. Sex <b>Female</b>	5. Color or race <b>White</b>	6.(a) Single, married, widowed, or divorced <b>Widowed</b>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife... **Ira P. Parker**

7. Birth date of deceased (mo., day, yr.) **May 20, 1893**

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>7</b>	<b>4</b>	hrs. min.

9. Birthplace... **Baltimore, Md.**  
(Town, county, and state)

10. Usual occupation... **Folder**

11. Industry or business... **Book-bindery**

FATHER	12. Name... <b>Anthony Dukeheart</b>
	13. Birthplace... <b>Germany</b>

MOTHER	14. Maiden name... <b>Marie Kraus</b>
	15. Birthplace... <b>Germany</b>

16. Informant... **Deceased**

Address... **Baltimore**

17. (Burial, cremation, or removal, Which?) Date thereof... **Dec 28, 1945**  
(month) (day) (year)

Cemetery or crematory... **New Cathedral**

Location... **Baltimore, Md.**

18. Funeral director... **H. K. Crayford**

Address... **Thimble**

19. (Date rec'd by registrar) **Dec 24, 1945** Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH... **December 24, 1945, 5:05am**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Nov. 19, 1945** to **Dec. 24, 1945**  
and that I last saw her alive on **December 24, 1945**

Immediate cause of death... **Pulmonary Tuberculosis**

DURATION

**1 yr.**

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... **J. D. Lyon**

Address... **State Sanatorium, Md.** Date signed... **12/24/45**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 27 1945  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

12324

## 1. PLACE OF DEATH:

County FredCity or town Fred City  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address, where death occurred:

Fredrick City Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CarrollCity or town New Windsor  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war. \_\_\_\_\_

## 3. (a) FULL NAME

Wayne Eugene Parrish

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced D

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) December 22-19458. AGE: Years 0 Months 0 Days 0 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Fred. City Hosp.  
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Albert R. Parrish13. Birthplace Phila. Pa14. Maiden name Edna M. Smith15. Birthplace Carroll Co. Md.16. Informant Albert C. ParrishAddress New Windsor, Md.17. Burial Date thereof Dec. 23-1945  
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Mt Hope CemeteryLocation Woodlawn Maryland18. Funeral director D. D. Hartley & SonAddress Elgin Brady & New Windsor Md.19. 22-Dec 1945 Elizabeth G. Hecker  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1945, at 5:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-22 1945, to 12-22 1945and that I last saw him alive on 12-22 1945Immediate cause of death Asphyxiationdue to cord obstruction

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE J. H. Hugg

M. D. or other

Address New Windsor Md. Date signed 12-22-45

RECEIVED  
DEC 27 1945  
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

County BaltimoreCity or town Baltimore  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Schmuff's Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State \_\_\_\_\_ County \_\_\_\_\_

City or town \_\_\_\_\_  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Infant of John Clayton Phillips

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Dec 7 1945

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

## 9. Birthplace

md.  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

## FATHER

## 12. Name

## 13. Birthplace

## MOTHER

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

Dec 8 1945  
(month) (day) (year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19.

Dec 7 - 19 1945

(Date rec'd by registrar)

Emma MartinDep. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1945 at PA M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 7 1945, to Dec 7 1945and that I last saw him alive on Dec 7 1945

Immediate cause of death

Pneumonia

## DURATION

6 mo

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed Dec 7-45

CERTIFICATE OF DEATH

DATE OF DEATH

RECEIVED

DEC 12 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 12326 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 72 years

Hospital, institution, or street address where death occurred:

100 Court Square

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 100 Court Square  
(If rural, give LOCATION)2. (a) If veteran, name war none

## 3. (a) FULL NAME

Richard Potts

## 3. (b) Social Security Number

none4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mina Powell Potts7. Birth date of deceased (mo., day, yr.) May 16 - 1873 6. (c) If alive, give age 55 years8. AGE: Years 72 Months 06 Days 24 If less than one day  
.....hrs. ....min.9. Birthplace Frederick Md.  
(Town, county, and state)10. Usual occupation Real Estate & Insurance

## 11. Industry or business

12. Name Arthur Potts13. Birthplace Walkersville Md.14. Maiden name Helen Moberley15. Birthplace New Market Md.16. Informant Mrs. Richard PottsAddress Frederick Md.17. Burial Date thereof Dec. 13 1945  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory St. OlivetLocation Frederick Md.18. Funeral director C. E. Blum & SonAddress Frederick Md.19. 11-Dec 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1945 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1 1945 to Dec. 10 1945and that I last saw him alive on Dec 10 1945Immediate cause of death Cerebral Haemorrhage DURATION 2 hrs.

Due to.....

Due to ArteriosclerosisOther conditions Paralytic Agitation 2 years

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. ....

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Pearce M.D. M. D. or otherAddress Frederick, Md. Date signed 12/11/45



MARYLAND STATE DEPT. OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

DEC 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

## 1. PLACE OF DEATH:

County Frederick  
 City or town State Sanatorium, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Since 9/20/45  
 Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
 How long in hospital or institution? Since 9/20/45

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County \_\_\_\_\_  
 City or town Baltimore  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1603 N. Monroe St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Peter Poulsen

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

XXXX Emma Poulsen

6. (c) If alive, give age 78 years

## 7. Birth date of deceased (mo., day, yr.)

12/27/1868

## 8. AGE:

Years

Months

Days

If less than one day

76

11

15

hrs. min.

## 9. Birthplace

Copenhagen, Denmark

(Town, county, and state)

## 10. Usual occupation

Carpenter

## 11. Industry or business

FATHER

## 12. Name

William Poulsen

## 13. Birthplace

Denmark

MOTHER

## 14. Maiden name

Eleanor Matsen

## 15. Birthplace

Denmark

## 16. Informant

Deceased

## Address

## 17.

Burial

Date thereof

12/13/45

(Burial, cremation, or removal. Which?)

## Cemetery or crematory

Arlington Woodlawn

## Location

Baltimore, Md.

## 18. Funeral director

M. L. Creager &amp; Son

## Address

Thurmont, Maryland

## 19.

12/13

19

45

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 19 45 at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
September 20 19 45 to Dec. 12 19 45  
 and that I last saw him alive on December 12 19 45

## Immediate cause of death

Pulmonary Tuberculosis

## DURATION

8 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. Lynn

M. D. H. H. H.

State Sanatorium, Md. Date signed 12/13/45

RECEIVED  
DEC 14 1945  
BUREAU VE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95d

12328

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Adamstown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

MINNIE FLORA REMSBURG

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age ..... years  
7. Birth date of deceased (mo., day, yr.) September 26, 1870

8. AGE:

Years

Months

Days

If less than one day

75

2

5

hrs.

min.

9. Birthplace Nr. Adamstown-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Calvin F. Remsburg13. Birthplace Frederick County Maryland14. Maiden name Emma Hargett15. Birthplace Frederick County Maryland16. Informant Mrs. Ella M. BarrAddress Adamstown, Maryland17. Burial Date thereof 12/3/45  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 3 Dec 1945 Elizabeth G. Heds.  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adamstown  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)2. (a) If veteran, name war None

## 3. (b) Social Security Number

None

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1945 at 1:55P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 28th, 1945 to December 1, 1945  
and that I last saw him er alive on November 30th, 1945

Immediate cause of death

Cerebral hemorrhage

DURATION

4 days

Due to

Cardiovascular with extensive arthritis deformans.Other conditions Paresis extended overtwenty years.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

C. H. Conley

M. D.

Address Frederick, Maryland Date signed 12-3-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 4 1945

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

## CERTIFICATE OF DEATH

Reg. Dist. No. 1232939

### 1. PLACE OF DEATH:

County Frederick  
City or town State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 6/9/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 6/9/45

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County St. Mary's  
City or town Great Mills  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Joseph Vincent Ridgell

### 3. (b) Social Security Number

214-16-7643

#### 4. Sex

Male

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Married

#### 6. (b) Name of ~~husband~~ wife

Elizabeth H. Ridgell

#### 7. Birth date of deceased (mo., day, yr.)

April 22, 1916

#### 6. (c) If alive, give age

23 years

#### 8. AGE:

Years

Months

Days

If less than one day

29

7

23

hrs.

min.

#### 9. Birthplace

St. Mary's County, Md.

(Town, county, and state)

#### 10. Usual occupation

P.O. clerk

#### 11. Industry or business

FATHER  
MOTHER

#### 12. Name

Alphonsus Ridgell

#### 13. Birthplace

St. Mary's County, Md.

#### 14. Maiden name

Madge Evans

#### 15. Birthplace

St. Mary's County, Md.

#### 16. Informant

Deceased

#### Address

#### 17.

Burial  
(Burial, cremation, or removal. Which?)

#### Date thereof

Dec. 18, 1945  
(month) (day) (year)

#### Cemetery or crematory

Our Lady of the Chapel

#### Location

near Leonardtown, St. Mary's Co., Md.

#### 18. Funeral director

M. L. Creager & Son

#### Address

Thurmont, Maryland

#### 19.

Dec 15 1945  
(Date rec'd by registrar)

Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH December 15 1945, at 2:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1945 to Dec. 15 1945 and that I last saw him alive on December 15 1945

#### Immediate cause of death

Pulmonary Tuberculosis

#### DURATION

21 Mos.

#### Due to

#### Due to

#### Other conditions

(Include pregnancy within 3 months of death)

#### Major findings of operations

Date of op. \_\_\_\_\_

#### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

#### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

#### 23. SIGNATURE

J. B. Lipp

M. D. Dickson

Address State Sanatorium, Md. Date signed 12/15/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 15 1945  
BUREAU OF



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (232)

12330

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

507 N. Bentz Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 507 N. Bentz Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3.(a) FULL NAME

Minerva M. Bidgley

## 3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

WidowedB.(b) Name of husband or wife Samuel L. Bidgley7. Birth date of deceased (mo., day, yr.) May 17, 1868

6.(c) If alive, give age ..... years

8. AGE: Years 77 Months 7 Days 5 If less than one day  
..... hrs. .... min.9. Birthplace Frederick County, Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Kolb13. Birthplace Frederick County14. Maiden name Mary Jane Cromwell15. Birthplace Don't know.16. Informant Mrs. Edgar MercerAddress 507 N. Bentz Street17. Burial Date thereof 12-24-45  
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mt. Carmel CemeteryLocation 5 Miles East of Frederick18. Funeral director C. E. Cline & SonAddress 8 East Patrick Street - Fredk. Md.19. 24 Dec 1945 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 22nd 1945 at 1:50 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 17th 1945 to Dec 22 1945  
and that I last saw h. ex alive on Dec 21/ 1945Immediate cause of death Cerebral Haemorrhage

DURATION

5 1/2 daysDue to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Data of op. ....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE U. G. Boone Jr.

M. D. or other

Address Frederick Md Date signed 12/22/45

CERTIFICATE OF DEATH

RECEIVED  
DEC 27 1915  
TUESDAY

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

12331 139  
Reg. Dist. No.

### 1. PLACE OF DEATH:

County.....**Frederick**  
City or town.....**State Sanatorium**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....**Since May 15, 1945**  
Hospital, institution, or street address where death occurred:  
**Maryland Tuberculosis Sanatorium**  
How long in hospital or institution?.....**Since May 15, 1945**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State.....**Maryland** County.....**Prince George**  
City or town.....**Bowie**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

**SARAH GERTRUDE RITTER**

### 3. (b) Social Security Number

4. Sex.....**Female**  
5. Color or race.....**White**  
6.(a) Single, married, widowed, or divorced.....**Single**

### 6.(b) Name of husband or wife

6.(c) If alive, give age.....years  
7. Birth date of deceased (mo., day, yr.).....**Jan 3, 1887**

8. AGE: Years.....**58** Months.....**11** Days.....**23**  
If less than one day.....hrs. ....min.

9. Birthplace.....**Baltimore, Md.**  
(Town, county, and state)

10. Usual occupation.....**Nurses' Aide**

### 11. Industry or business

12. Name.....**Jesse W. Ritter**  
13. Birthplace.....**Baltimore Co., Md.**

14. Maiden name.....**Mary Jane Smith**  
15. Birthplace.....**Baltimore Co., Md.**

### 16. Informant.....**Deceased**

Address.....**Bowie**  
17.....**Burial** Date thereof.....**12/28/45**  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory.....**Fort Lincoln**  
Location.....**Way**

18. Funeral director.....**W. H. Chambers**  
Address.....**Rivendale**

19. **12/28/1945** 19.....  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH.....**December 26** 19.....**45** at.....**6:45a**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**May 15** 19.....**45** to.....**Dec. 26** 19.....**45**  
and that I last saw her.....alive on.....**Dec. 26** 19.....**45**

Immediate cause of death.....**Pulmonary Tuberculosis**  
DURATION.....**8 mo.**

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....  
Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur?.....  
(City or town) (County) (State)  
Injured at home, farm, industry, public place (where?).....  
Means of injury..... Injured at work?

23. SIGNATURE.....**J. D. Lynn** M. D. of.....  
Address.....**State Sanatorium, Md.** Date signed.....**12/26/45**

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED  
DEC 28 1945  
BUREAU OF  
NAVY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County Frederick  
 City or town Union Bridge Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime in Community  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Union Bridge Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Johnsville  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3.(a) FULL NAME

John William Royer

## 3.(b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Mary E Royer  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) March 12 1865  
 8. AGE: Years 80 Months 7 Days 23 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Carroll County Maryland  
 (Town, county, and state)  
 10. Usual occupation Farmer-Minister  
 11. Industry or business

FATHER 12. Name Amos Royer  
 13. Birthplace Maryland  
 MOTHER 14. Maiden name Catherine Roop  
 15. Birthplace Maryland

16. Informant Mrs John W Royer  
 Address Union Bridge Maryland Route 2  
 17. Burial Date thereof Dec. 8-1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Beaver Dam Cemetery  
 Location Near Union Bridge Maryland

18. Funeral director D. D. Hartzler & Sons  
 Address Union Bridge & New Windsor Md

19. Dec 6 19 45  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 19 45 at 1.00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 2, 1945 to Dec. 5, 1945  
 and that I last saw him alive on Dec. 5, 1945

Immediate cause of death Chronic Hemorrhage  
 DURATION  
 Due to  
 Due to  
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE J. H. Hartzler, M.D.  
 Address Union Bridge Md Date signed Dec 5

RECEIVED

RECEIVED  
DEC 11 1945  
BUREAU V.B.

MASSACHUSETTS DEPARTMENT OF CORRECTIONS  
RECEIVED  
DEC 11 1945  
BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *74E*

## CERTIFICATE OF DEATH

12333

Reg. Dist. No. *131*

<b>1. PLACE OF DEATH:</b> County..... <i>Frederick</i> City or town..... <i>Frederick</i> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <i>50 years</i> Hospital, institution, or street address where death occurred: <i>307 West 2nd. St.</i> How long in hospital or institution?.....				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State..... <i>Maryland</i> County..... <i>Frederick</i> City or town..... <i>Frederick</i> (If outside city or town limits, write RURAL and give nearest town) Street No..... <i>307 West 2nd. St.</i> (If rural, give LOCATION) 2.(a) If veteran, name war..... <i>None</i>											
<b>3. (a) FULL NAME</b> <i>Clara Elizabeth Sanders</i>				<b>3. (b) Social Security Number</b> <i>None</i>											
<b>4. Sex</b> <i>Female</i>		<b>5. Color or race</b> <i>White</i>		<b>6. (a) Single, married, widowed, or divorced</b> <i>Widowed</i>											
<b>8. (b) Name of husband or wife</b> <i>George Sanders</i>				<b>6. (c) If alive, give age</b> ..... years											
<b>7. Birth date of deceased (mo., day, yr.)</b> <i>April 28-1864</i>				<b>8. AGE:</b> <table border="1"> <tr> <th>Years</th> <th>Months</th> <th>Days</th> <th>If less than one day</th> </tr> <tr> <td><i>81</i></td> <td><i>7</i></td> <td><i>3</i></td> <td>.....hrs. ....min.</td> </tr> </table>				Years	Months	Days	If less than one day	<i>81</i>	<i>7</i>	<i>3</i>	.....hrs. ....min.
Years	Months	Days	If less than one day												
<i>81</i>	<i>7</i>	<i>3</i>	.....hrs. ....min.												
<b>9. Birthplace</b> <i>Ellerton, Maryland</i> (Town, county, and state)				<b>10. Usual occupation</b> <i>Housekeeper</i>											
<b>11. Industry or business</b>				<b>12. Name</b> <i>Elias DeLaughter</i>											
<b>13. Birthplace</b> <i>Ellerton, Maryland</i>				<b>14. Maiden name</b> <i>Sarah Stottlemeyer</i>											
<b>15. Birthplace</b> <i>Ellerton, Maryland</i>				<b>16. Informant</b> <i>Mr. Harry Sanders</i> Address <i>6 E. Patrick St.-Frederick, Md.</i>											
<b>17. Burial</b> (Burial, cremation, or removal-Whichever) Cemetery or crematory..... <i>Mount Olivet Cemetery</i> Location..... <i>Frederick, Md.</i> <b>Funeral director</b> <i>C.E.Cline and Son</i> Address..... <i>Frederick, Md.</i>				<b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....											
<b>19. 3 Dec 1945</b> (Date rec'd by registrar)				<b>23. SIGNATURE</b> <i>A. A. Pearce, M.D.</i> Address..... <i>Frederick, Md.</i> Date signed..... <i>12/3/45</i>											

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... *December 1st.* 19 *45* at *2 P.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Nov. 1* 19 *45* to *Dec 1st* 19 *45*  
 and that I last saw him alive on *Dec 1st* 19 *45*
Immediate cause of death..... *Cerebral thrombophase* DURATION *2 days*

Due to.....

Due to..... *Intense disease*Other conditions..... *Angina Pectoris*

(Include pregnancy within 8 months of death)

Major findings of operations..... *none*

Date of op. ....

Autopsy results..... *none*

PHYSICIAN: Please underline the cause to which death should be charged statistically.



WASHINGTON STATE DEPARTMENT OF HEALTH

CENTRAL OFFICE OF HEALTH

RECEIVED

DEC 4 1945

BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH



Reg. Dist. No. 139

12334

### 1. PLACE OF DEATH:

County... Frederick  
City or town... State Sanatorium, Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Since 11/24/45  
Hospital, institution, or street address where death occurred:  
Maryland Tuberculosis Sanatorium  
How long in hospital or institution? Since 11/24/45

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington  
City or town... Hagerstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 806 Spruce St.  
(If rural, give LOCATION)  
2. (a) If veteran, name war...

### 3. (a) FULL NAME

Ada M. Shank

### 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1/21/1880 8. (c) If alive, give age... years

8. AGE: Years 65 Months 10 Days 12 If less than one day  
hrs. min.

9. Birthplace... Big Pool, Maryland  
(Town, county, and state)

10. Usual occupation... Housewife

### 11. Industry or business

12. Name... Amos Grimes

13. Birthplace... Big Pool, Maryland

14. Maiden name... Alice Laughbaum

15. Birthplace... Big Pool, Maryland

16. Informant... Leonard Shank (Son)

Address... Woodland Way, Hagerstown, Md.

17. Burial Date thereof Dec 6, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Shanktown, Md.

Location... Shanktown, Md.

18. Funeral director... A. K. Coffman

Address... Hagerstown, Maryland

19. 12/14/45 Registrar

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH... December 3 19 45, at 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
November 24 19 45 to Dec. 3 19 45  
and that I last saw her alive on December 3 19 45

Immediate cause of death... Pulmonary Tuberculosis DURATION 9 Yrs.

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op. ....

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... J. B. Lynn M. D. XXXX

Address... State Sanatorium, Md. Date signed 12/14/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
DEC 6 1945  
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13/2)

## CERTIFICATE OF DEATH

12335

Reg. Diat. No. 131

## 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Four Months  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Keymar Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Fannie Lee Starr Simpson

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced  
Married  
 6.(b) Name of husband or wife George B Simpson  
 6.(c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) January 19 1866  
 8. AGE: Years 79 Months 10 Days 29 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business Retired12. Name Lycurgus Starr13. Birthplace Maryland14. Maiden name Alice Stoner15. Birthplace Maryland16. Informant Mr George B SimpsonAddress Keymar, Maryland

17. Burial Date thereof Dec. 21-1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain View CemeteryLocation Union Bridge Maryland18. Funeral director D.D.Hartzler & SonsAddress Union Bridge & New Windsor Md

19. Dec. 20 1945 Elizabeth B. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1945 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1945 to Dec 18 1945  
 and that I last saw him alive on Dec 17 1945

Immediate cause of death

apoplexyDue to Hypertensive Cardio VascularDue to renal lesions

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel E. Foster Day M. D. or otherAddress Walker Mills Md Date signed Dec 20, 45

RECEIVED

JAN 2 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

## 1. PLACE OF DEATH:

County..... Frederick  
 City or town..... Woodsboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 30 yrs.  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... md County..... Frederick  
 City or town..... Woodsboro  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Bessie Ogle Smith

## 3. (b) Social Security Number

4. Sex..... F 5. Color or race..... W 6. (a) Single, married, widowed, or divorced..... married

6. (b) Name of husband or wife..... George Baxter Smith

7. Birth date of deceased (mo., day, yr.)..... April 13 1878 8. (c) If alive, give age..... 68 years

8. AGE: Years..... 67 Months..... 7 Days..... 18 It less than one day..... hrs. .... min.

9. Birthplace..... in Cragerstown Fred Co., md.  
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... James B. Ogle

13. Birthplace..... Fred. Co.

14. Maiden name..... Laura C. Mathias

15. Birthplace..... Fred. Co.

16. Informant..... Geo. Baxter Smith

Address..... Woodsboro

17. Burial..... Date thereof..... Dec. 3, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... mt Hope

Location..... Woodsboro

18. Funeral director..... J. C. Baxter

Address..... Walkersville, md.

19. 12/3 1945 L. C. Powell  
 (Date recording registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec 1 1945 at 4:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1943 1943 to Dec 1 1945

and that I last saw him alive on Nov 30, 45 1945

Immediate cause of death..... Coronary Sclerosis

Other conditions.....

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

Other conditions.....

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

Other conditions.....

23. SIGNATURE..... Edwin Day

Address..... Walkersville, Md.

Date signed..... Dec 3, 45

MARYLAND DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED  
DEC 8 1945  
BUREAU V.B.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-P

## CERTIFICATE OF DEATH

12337

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FrederickCity or town Mountain Lake  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Mountain Lake  
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓  
(If rural, give LOCATION)2.(a) If veteran, name war no

## 3. (a) FULL NAME

Lottie M. Snook

## 3. (b) Social Security Number

none4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) July 7, 18848. AGE: Years 61 Months 5 Days 12 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.8. Birthplace Mountain Lake, Fredk. Co. Md.  
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name George M. Snook13. Birthplace Chagerstown, Md.14. Maiden name Mrs. Dot15. Birthplace Middleton, Md.16. Informant Euter M. SnookAddress Thurmont, Md.17. burial Date thereof Dec. 22, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lewisburg CemeteryLocation Lewisburg, Md.18. Funeral director M. J. Wagner & SonAddress Thurmont, Md.19. Dec 22, 1945 Blanche Eyles  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1945 at 5:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May, 28th, 1945, to Dec. 19th, 1945, and that I last saw her alive on Dec. 18th, 1945.Immediate cause of death Pulmonary Edema DURATION 8 hrs.Due to Chr. Parenchymatous Nephritis 20 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

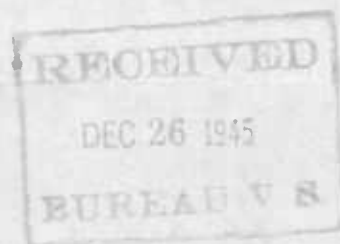
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. M. Baxter M.D.Address Frederick, Md. Date signed Dec. 21/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

## CERTIFICATE OF DEATH

12338

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

County FredrickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Thurmont  
(If outside city or town limits, write RURAL and give nearest town)Street No. 24th Street  
(If rural, give LOCATION)2.(a) If veteran, name war 240

## 3. (a) FULL NAME

Mary Elizabeth Stitely

## 3. (b) Social Security Number

none

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, or divorced

Married

## B. (b) Name of husband or wife

Jacob J. Stitely

## 7. Birth date of

deceased (mo., day, yr.) March 20, 1869B. (c) If alive, give age 86 years

## 8. AGE:

Years

Months

Days

If less than one day

7699

.....hrs. ....min.

9. Birthplace Thurmont, Fredrick Co., Md.  
(Town, county, and state)10. Usual occupation Retired

## 11. Industry or business

Housewife12. Name George Freshman13. Birthplace Thurmont, Md.14. Maiden name Catherine Dillinger15. Birthplace Thurmont, Md.16. Informant Mrs. William SearsAddress Thurmont, Md.17. Burial Date thereof Jan 1, 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United Brethren CemeteryLocation Thurmont, Maryland18. Funeral director M. L. Gussage & SonAddress Thurmont, Md.19. Dec. 31 1945 Blanche S. Eyles  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1945 at 10 A: M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5:30 P.M. 1945, to 5:30 P.M. 1945and that I last saw him alive on Dec. 29 1945

## Immediate cause of death

Acute Myocarditis

## DURATION

10 daysDue to Dissecting Aortic15 yrsDue to Myocarditis

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Morris A. Birely M. D. or otherAddress Thurmont, Md. Date signed 12-29-45

RECEIVED  
JAN 2 1946  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: *Frederick*  
 County.....  
 City or town.....*Broadbent Heights - Rural*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....*5 years*  
 Hospital, institution, or street address where death occurred:.....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....*Ind.* County.....  
 City or town.....*Kenwood*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....*Kennedy Drive*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME *William F. Strouse* 3. (b) Social Security Number.....

4. Sex *m* 5. Color or race *W* 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) *12-19-1864* 6.(c) If alive, give age..... years

8. AGE: Years *79* Months *11* Days *16* If less than one day..... hrs. .... min.

9. Birthplace.....*State College - Pa.*  
 (Town, county, and state)

10. Usual occupation.....*Retired*

11. Industry or business.....

FATHER 12. Name.....*Joseph Strouse*  
 13. Birthplace.....*State College, Pa.*

MOTHER 14. Maiden name.....*Annie R. Pieba*  
 15. Birthplace.....*State College, Pa.*

16. Informant.....*Miss Miriam Keller*  
 Address.....*751 Kennedy Drive, Kenwood, Ind.*

17. *Burial* Date thereof.....*12-7-45*  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory.....*Rock Creek Cem*  
 Location.....*Washington, D.C.*

18. Funeral director.....*C. E. Olive & Son*  
 Address.....*Frederick Ind.*

19. *5 Dec* 19*45* *Elizabeth G. Heck*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Dec 5* 19*45* at *3A*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Oct 10* 19*45* to *Dec 5* 19*45* and that I last saw him alive on *Nov 30* 19*45*

Immediate cause of death.....*Chronic Myocarditis*

Due to.....  
 Due to.....

Other conditions.....  
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....

Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE.....*A. L. Strouse* M. D. or other.....  
 Address.....*Alexander Heck* Date signed.....*12/5/45*

RECEIVED

RECEIVED

RECEIVED

DEC 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

## CERTIFICATE OF DEATH

Reg. Dist. No. 141

## 1. PLACE OF DEATH:

Country Frederick  
 City or town Roanoke - Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 yrs  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Roanoke - Brunswick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Ada E. Swank

## 3. (b) Social Security Number

## 4. Sex

F

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife

Geo. M. Swank

## 7. Birth date of deceased (mo., day, yr.)

Aug 15 - 1865

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

8057

## If less than one day

hrs.

min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Homemaker

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

George Shaper

## 13. Birthplace

Maryland

## 14. Maiden name

Mary

## 15. Birthplace

Maryland

## 16. Informant

George P. Swank

## Address

Brunswick Maryland

## 17.

Burial  
(Burial, cremation, or removal? Which?)

## Date thereof

Dec. 22, 1945  
(month) (day) (year)

## Cemetery or crematory

Reformatory Cemetery

## Location

Middleton, Md

## 18. Funeral director

C. H. Fetter & Son

## Address

Brunswick Md.

## 19.

Dec 22, 1945  
(Date rec'd by registrar)Ernest M. Swank  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1945 at 7 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1945 to Dec 20 1945  
and that I last saw him alive on Dec 5 1945

Immediate cause of death

Coronary thrombosis  
(Stroke)

DURATION

15 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

12/30/45



DEC 27 1945

BUREAU V &

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

12341

Reg. Dist. No. 131

### 1. PLACE OF DEATH:

County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 Years  
 Hospital, institution, or street address where death occurred:  
Near Frederick  
 How long in hospital or institution? .....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town Frederick-Rural R. F. D. #1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Frederick  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war None

### 3. (a) FULL NAME

GEORGE CALVIN THOMAS

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M  
 8. (b) Name of husband or wife Lillie J. E. Thomas  
 7. Birth date of deceased (mo., day, yr.) February 25, 1863  
 6. (c) If alive, give age 80 years  
 8. AGE: Years 82 Months 9 Days 8 If less than one day  
 ..... hrs. .... min.

9. Birthplace Nr. Adamstown-Frederick-Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

### 11. Industry or business

FATHER 12. Name Josiah S. Thomas  
 13. Birthplace Frederick County Maryland  
 MOTHER 14. Maiden name Susan Rebecca Thomas  
 15. Birthplace Frederick County Maryland

18. Informant Mrs. Lillie Thomas  
 Address R. F. D. #1, Frederick, Maryland

17. Burial Date thereof 12/6/45  
 (Burial, cremation, or removal, which?) (month) (day) (year)  
 Cemetery or crematory Mount Olivet Cemetery  
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son  
 Address Frederick, Maryland

19. 5 Dec 1945 Elizabeth G. Heck  
 (Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 3rd, 1945 at 8:30 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
August 28th, 1945 to Dec. 3d, 1945  
 and that I last saw him alive on December 3d, 1945

Immediate cause of death  
Cerebral hemorrhage

DURATION  
6 days

~~xxx~~ Coronary thrombosis

Aug. 28, 1945

~~xxx~~ Marked arteriosclerosis

Number of years

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE C. H. Conley, M. D.  
Frederick, Maryland Date signed 12-4-45

MARGIN RESERVED FOR BINDING

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Feagaville  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

EMMA ARBELIA WACHTER

## 3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife Marsellus C. Wachter

B. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

January 9, 1879

8. AGE:

Years

Months

Days

If less than one day

661110

.....hrs. ....min.

9. Birthplace Braddock-Frederick-Maryland  
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Marion F. Riddlemoser13. Birthplace Frederick County Maryland

MOTHER

14. Maiden name Margaret Ann Smith15. Birthplace Frederick County Maryland16. Informant Mrs. Lloyd F. DeGrangeAddress Jefferson, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

12/22/45

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 21-Dec 1945  
(Date rec'd by registrar)Elizabeth G. Hoch  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 19th, 1945, at 9:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 - 1945 to Dec 19 1945  
and that I last saw him alive on Dec 19 1945

Immediate cause of death

HemiplegiaDue to Cardio Vascular and  
Pulmonary

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE

A. Lawrence Fabiny M. D.  
Frederick, Maryland M. D. or other  
Address ..... Date signed 12-20-45

12342

RECEIVED

DEC 26 1945

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 28-2

## CERTIFICATE OF DEATH

12343

Reg. Diat. No. 131

1. PLACE OF DEATH: Frederick  
 County Frederick  
 City or town outside Rural of Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? several years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State MD County Frederick Co  
 City or town Rural Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ✓

3. (a) FULL NAME Andrew Wade

3. (b) Social Security Number ✓

4. Sex Male 5. Color or race col 6. (a) Single, married, widowed, or divorced Widowed

8. AGE: Years 80 Months 3 Days 26 If less than one day  
 hrs. min.  
 6. (c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) August 1 - 1865

8. AGE: Years Months Days If less than one day  
 hrs. min.

9. Birthplace Montgomery Co MD  
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

12. Name Andrew Wade

13. Birthplace Montgomery Co MD

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Andrew Wade

Address Centerville MD

17. Rural Date thereof Dec 30 1945  
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Evergreen Cemetery

Location Centerville MD

18. Funeral director Ray W. Barton

Address Centerville MD

19. 21-Dec 1945 Elizabeth B. Heck  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH 12-26- 1945 at 10:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1945, to 12-26- 1945 and that I last saw him alive on 12-22- 1945

Immediate cause of death Cerebral artery DURATION 2

Cardiac disease

Duo 10.....

Duo 10.....

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Dr. U. G. Bourne Jr M. D. or other

Address Frederick MD Date signed 12-27-45

DA-S 13 Bourne South  
See SK

RECEIVED  
JAN 2 1946  
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

## CERTIFICATE OF DEATH

Reg. Dist. No. 134

## 1. PLACE OF DEATH

County... Fredricks  
 City or town... Emmitsburg Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... 25 yrs  
 Hospital, institution, or street address where death occurred...  
 How long in hospital or institution?...

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... MD County... Fredricks  
 City or town... Emmitsburg Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... 112 Emmitsburg  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... no

## 3. (a) FULL NAME

Bernard S. Walter

## 3. (b) Social Security Number

no

4. Sex... male 5. Color or race... white 6. (a) Single, married, widowed, or divorced... Married

6. (b) Name of husband or wife... Helen M. Barnes

7. Birth date of deceased (mo., day, yr.)... June 14 - 1902 6. (c) If alive, give age... 40 years

8. AGE: Years... 43 Months... 6 Days... 3 If less than one day... hrs... min.

9. Birthplace... Emmitsburg Fredricks Co Md  
 (Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business...

12. Name... Mrs Walter

13. Birthplace... Emmitsburg md

14. Maiden name... Mary Napp

15. Birthplace... Emmitsburg md

16. Informant... Mrs Helen M. Barnes

Address... Emmitsburg md

17. Burial, cremation, or removal. Which?... Burial Date thereof... Dec 20 - 45  
 (month) (day) (year)

Cemetery or crematorium... St. Josephs Cmn

Location... Emmitsburg md

18. Funeral director... W. I. Treagus

Address... Churmont md

19. Dec 18 45 M. F. Shuff  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec. 17 1945 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 to Dec 17 1945  
 and that I last saw him alive on Dec 17 1945

Immediate cause of death... cerebral hemorrhages  
recurrent DURATION... 2 years

Due to... Hypertension +  
arteriosclerosis several years

Due to...  
 Other conditions... Diabetes Mellitus - 10 years

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op. ....

Autopsy results... PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. R. Cadle M. D. or other

Address... Emmitsburg md Date signed 12-17-45

RECEIVED  
DEC 20 1945  
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diet. No. 1234531

1. PLACE OF DEATH: *Frederick*  
 County *Frederick (Rural)*  
 City *Frederick*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? *Lifetime*  
 Hospital, institution, or street address where death occurred:  
*Montevue*  
 How long in hospital or institution? *4 days*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State *Maryland* County *Frederick*  
 City or town *Frederick*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. *athletic Park*  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war *none*

3. (a) FULL NAME *Charles Lorenzo Hiles*  
 3. (b) Social Security Number *217-10-0939*

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*

6. (b) Name of husband or wife *Mary Belle Hiles*  
 6. (c) If alive, give age *40* years

7. Birth date of deceased (mo., day, yr.) *August 9-1901*

8. AGE: Years *44* Months *4* Days *4* It less than one day  
 hrs. min.

9. Birthplace *Frederick - Maryland*  
 (Town, county, and state)

10. Usual occupation *Sorter*

11. Industry or business *Salvage Center*

12. Name *George Daniel Hiles*

13. Birthplace *Frederick Co. Md.*

14. Maiden name *Amelia E. Plunkert*

15. Birthplace *Frederick Co. Md.*

16. Informant *Mrs. Pearl Miller*

Address *Yellow Springs - Md.*

17. *Burial* Date thereof *12-15-45*  
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory *Mount Olivet Cemetery*

Location *Frederick - Md.*

18. Funeral director *C. E. Chis + Son*

Address *Frederick - Md.*

19. *15 Dec* *1945* *Elizabeth G. Hule*  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *December 13- 1945*, at *11:30 a.m.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Dec 12* *1945* to *Dec 13* *1945*  
 and that I last saw him alive on *Dec 13* *1945*

Immediate cause of death *Acute Coronary Thrombosis* DURATION

Due to *Coronary Arteriosclerosis* *3*

Due to *Myocardial Infarction*

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Antemortem results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *A Lawrence Falmey MD* M. D. or other

Address *Frederick Md* Date signed *12-14-45*

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DEC 18 1945

BUREAU V.S.

12-18-45  
✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

115 Record StHow long in hospital or institution? 16 years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 Record Street  
(If rural, give LOCATION)2.(a) If veteran, name war None

## 3. (a) FULL NAME

Laura Lorentz Winebrenner

## 3. (b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Divorced

## B. (b) Name of husband or wife

Clinton Winchenn

B. (c) If alive, give age \_\_\_\_\_ years

## 7. Birth date of

deceased (mo., day, yr.)

July 20 - 1860

## 8. AGE:

Years

Months

Days

If less than one day

85105

\_\_\_\_\_ hrs.

\_\_\_\_\_ min.

## 9. Birthplace

Frederick Co. Md.

(Town, county, and state)

## 10. Usual occupation

retired housewife

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Henry Toaroch

## 13. Birthplace

Frederick Co. Md.

## 14. Maiden name

Catherine Robinson

## 15. Birthplace

Frederick Co. Md.

## 16. Informant

Miss Miriam Winchenn

## Address

Winston - Salem H.C.

## 17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 27 - 45  
(month) (day) (year)

## Cemetery or crematory

St. Olivet Cemetery

## Location

Frederick Md.

## 19. Funeral director

C. E. Blue & Son

## Address

Frederick Md.

## 19.

(Date rec'd by registrar)

19. 45Elizabeth G. Hech

Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH December 25th, 19 45, at 4 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
December 10th 19 45 to Dec. 25th 19 45and that I last saw her alive on December 25th 19 45

## Immediate cause of death

Cerebral hemorrhageChronic myocarditisxxx Marked arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. H. ConleyC. H. ConleyM. D. MDAddress Frederick, MarylandDate signed 12/26/45

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DEC 28 1945  
BUREAU V 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
23 West 5th Street  
 How long in hospital or institution? None

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick  
 City or town... Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 23 W. 5th Street  
 (If rural, give LOCATION)  
 2(a) If veteran, name war... None

## 3. (a) FULL NAME

MARY GERTRUDE YINGER

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) April 1, 1877 6. (c) If alive, give age... years

8. AGE: Years 68 Months 8 Days 30 If less than one day  
 ..... hrs. .... min.

9. Birthplace Frederick, Maryland  
 (Town, county, and state)

10. Usual occupation House KEEPER.

## 11. Industry or business

12. Name George C. Yinger13. Birthplace Germany14. Maiden name Elizabeth Gerlach15. Birthplace Germany16. Informant George YingerAddress 23 W. 5th St., Frederick, Md.

17. Burial Date thereof Jan. 2, 1946  
 (Burial, cremation, or removal) Which (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland16. Funeral director C. E. Cline & SonAddress 8 East Patrick St., Frederick, Md.

19. 31-Dec 19 45 Elizabeth Y. Herb  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 19 45 at 5:00 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Dec 31, 1945

Immediate cause of death

Coronary occlusion

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury DR. Injured at work?

DEPUTY MEDICAL EXAMINER

23. SIGNATURE R. W. Bow M. D. or other

Address Prof. B. E. G. Frederick Date signed 12-31-45



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JAN 7 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

Reg. Dist. No. 12348 139

## 1. PLACE OF DEATH:

County... Libertytown FrederickCity or town... Libertytown  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... District of ColumbiaCity or town... Washington  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Charles J. Yingling

## 3. (b) Social Security Number

4. Sex

M

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Blanche M.

7. Birth date of deceased (mo., day, yr.)

May 14 - 18796. (c) If alive, give age 65 years

8. AGE:

Years

Months

Days

If less than one day

66

hrs. min.

9. Birthplace

Libertytown, Md.  
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

John T. Yingling

13. Birthplace

Carrade Co. Md.

MOTHER

14. Maiden name

Ann R. Wright

15. Birthplace

Libertytown, Md.

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 45-

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1945, at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. 11/15/45 alive on Dec 5 1945

Immediate cause of death

Coronary occlusion

DURATION

1 1/2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. Ban

M. D. or other

Address

Frederick, Md.Date signed 12-5-45

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DEC 10 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

## CERTIFICATE OF DEATH

Reg. Dist. No. 137

## 1. PLACE OF DEATH:

County Frederick  
 City or town Unionville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick  
 City or town Unionville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Raymond Oscar Young

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Nora E. Young  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) February 26 1881  
 8. AGE: Years 64 Months 10 Days 1 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Frederick County Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name George Young

13. Birthplace Maryland

14. Maiden name Not Known

15. Birthplace Not Known

16. Informant Mrs Dorothy Snoots

Address Unionville Maryland

17. Burial Date thereof Dec. 29-1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Hill Cemetery

Location near Woodsboro Maryland

18. Funeral director D.D. Hartzler & Sons

Address Union Bridge & New Windsor Md

19. See 29 45 19 45 W.D. Curfman  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 27-1945 19 45 10.00 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 45 to Dec. 27 45  
 and that I last saw him live on Dec. 27 45

Immediate cause of death Fractured Skull

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 9 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. A. Mueser M.D.

Address Johnsville M. D. or other \_\_\_\_\_

Date signed Dec 28

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JAN 2 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 1235131

## 1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 8 days

## 3. (a) FULL NAME

Isiah Stephen Zile

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. I. O. H.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Virginia Zile  
(Deceased)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1861

8. AGE: Years Months Days If less than one day

54 9 6 hrs. min.9. Birthplace Carroll Co. Md.  
(Town, county, and state)10. Usual occupation Farmer Retired

11. Industry or business

12. Name Jesse Zile13. Birthplace Maryland14. Maiden name Rebecca Bai15. Birthplace Maryland16. Informant I. O. O. F. RecordsAddress Frederick Md.17. Burial Date thereof 12-17-45  
(Burial, cremation, or removal - Which?) (month) (day) (year)Cemetery or crematory Sam's Creek MethodistLocation Sam's Creek, Carroll Co. Md.18. Funeral director C. W. WertzAddress Winfield, Md19. 16 Dec 19 45 Elizabeth G. Heck  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1945 at 6:10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9, 1945 to Dec 15, 1945and that I last saw him alive on December 15, 1945

Immediate cause of death

DURATION

Uremia 7 DaysDue to Cardiac & Arterial Renal Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H Lawrence Falmey MDAddress Frederick Md Date signed 12-15-45

RIP

DEC 20 1945

BUREAU V.S.